



Seattle Area Plumbing and Pipefitting Industry Health  
and Welfare Trust  
201 Queen Anne Ave N Suite 100  
Seattle, WA 98109  
206-352-9728 or 888-406-3246 option 2



### 2011 SPECIAL DEPENDENT CHILD (Age 19-26) ENROLLMENT FORM

EMPLOYEE Last Name, First, MI		Social Security Number		Date of Birth		Sex		Union Local	
						M    F			
Mailing Address		Number/Apt #	Street		City		State		Zip

#### ELIGIBLE DEPENDENT CHILDREN—Age 19-26

**ELIGIBLE DEPENDENT CHILDREN** that may be covered under the Plan are your natural children, legally adopted children, step-children and eligible foster children. Children who are disabled and unable to support themselves may be covered past age 26 in certain situations. Please list only the dependent children that are eligible for coverage as of July 1, 2011.

DEPENDENT CHILDREN (Age 19-26) Last Name, First, MI	Date of Birth	Sex		Social Security Number	Relationship		
		M	F		Son	Daughter	Other**
Child 1:							
Child 2:							
Child 3:							
Child 4:							
Child 5:							

\*\*If "other" is checked, please specify that relationship of dependent with you: \_\_\_\_\_

#### Other Medical Coverage:

Do any of the dependents listed above have other medical coverage, please provide the following information:

List Dependents who have other health insurance: \_\_\_\_\_

Name of other carrier: \_\_\_\_\_

I hereby declare that all the statements and answers to the above questions are true, and they are the basis on which coverage may be extended under the Plan.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Form to: **Seattle Area Plumber's Trust-Eligibility Department**  
201 Queen Anne Ave. North, Suite 100  
Seattle, WA 98109-4896