ENROLLMENT AND INFORMATION CHANGES
NATIONAL ELEVATOR INDUSTRY BENEFIT PLANS
(Not to be used for Elevator Constructors Annuity and 401(k) Plan)

PLEASE READ REVERSE SIDE

[ ] Helper - New to Trade
[ ] Active Employee **[ ]** Retired
[ ] Address Change - This does not require Notarization
[ ] Dependent Add or Change - Provide required documentation (SEE REVERSE SIDE)
[ ] Beneficiary Add or Change

Employee Name Sex: Soc.Sec.No. - -
Address
City State Zip Code
Home Phone# Cell Phone# E-mail Address:
Birth Date Marital Status Hire Date Union Local No.

Failure to list eligible dependents and to supply required documentation may result in a denied Health Plan claim. False information may result in loss of eligibility and/or prosecution. (See revere side for eligible dependents.)

Eligible Dependents

Last Name	First	Initial	Soc. Sec. No.	M / F	Date of Birth Month/ Day/Year	Relationship

Beneficiary Information

Name Soc. Sec. No.
Address Date of Birth
City State Zip
Relation to Employee Share % Home Phone No. ( )

Beneficiary Information

Name Soc. Sec. No.
Address Date of Birth
City State Zip
Relation to Employee Share % Home Phone No. ( )

(FOR ADDITIONAL AND/OR CONTINGENT BENEFICIARIES USE SEPARATE SHEET)

I hereby designate the above to be beneficiary or beneficiaries of any benefits due from the National Elevator Industry Pension and Health Benefit Plans, including life insurance. This designation revokes any prior designation inconsistent herewith. I reserve the right to change a beneficiary designation at my discretion and understand that any change is not effective unless this form is properly completed and received by the Benefits Office. If more than one beneficiary is named, payment shall be made to each in equal shares unless otherwise indicated in Share %'s. The total of all Share %'s must equal 100.

_____
Signature of Employee Date

Sworn to or affirmed and subscribed before me, a Notary Public, this _____day of _____,20___

_____
Notary Public

Complete and Return Immediately to the National Elevator Industry Benefits Office at:
19 Campus Blvd. Suite 200
Newtown Square, PA 19073-3288

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This form is needed to ADD or INACTIVATE dependents. Please refer to these instructions before completing this form. Attach a **copy** of the appropriate documents as set forth below.

TO ADD DEPENDENTS:

- **SPOUSE:** A marriage certificate and spouse's birth certificate. The spouse's surname on the marriage certificate must match that on the birth certificate. Supporting documents must be included to explain any discrepancy. Supporting documents include spouse's divorce decree from previous marriage or a death certificate of spouse's former husband/wife.

- **NATURAL CHILD:** A state issued birth certificate which lists both parents' full name. (THE CHILD WILL BE COVERED FOR FIRST 90 DAYS FROM BIRTH WITHOUT ENROLLMENT DOCUMENTATION.)

- **STEP-CHILD:** A state issued birth certificate and custody papers.

- **ADOPTED CHILD:** Adoption decree that is signed and dated by a judge and a copy of the birth certificate.

- **ADULT CHILDREN AGE 19 THROUGH AGE 25:** Your children age 19 through 25 may remain eligible dependents if they are not eligible to participate in another employer-sponsored health plan other than an employer-sponsored health plan of the child's parent. An *Affidavit of Employee* form must be completed. However, adult children under age 26 who are registered as a student in regular full-time attendance at an accredited school will be treated as an Eligible Dependent regardless of any other employer-sponsored health coverage. You must submit a letter for the adult child from the school's registrar for each period of full-time attendance in order to be treated as an Eligible Dependent.

- **PERMANENT DEPENDENT CHILD:** A permanent dependent child is a child who is unable to support him/herself due to mental retardation or physical handicap and is chiefly dependent upon the member for maintenance and support. We must have a letter from the child's doctor explaining the child's medical condition within 31 days of either the child's 19th birthday or when the child ceases to be an eligible dependent. You must also include a copy of the child's Medicare ID card and Social Security Disability Award if covered by Medicare.

TO INACTIVATE DEPENDENTS:

- **SPOUSE:** A **full** divorce decree or a death certificate. A former spouse becomes ineligible upon the last day of the calendar month in which the divorce becomes final. The Benefits Office must receive the divorce decree, which must be signed by a judge, immediately but no later than 60 days after the date of divorce to offer a former spouse COBRA Continuation of Health Coverage. If the divorce decree is not received in a timely manner, the member and the former spouse will be obligated to reimburse the Plan for any claims paid by the Plan on the former spouse's behalf. (If we do not receive one of these documents, we will NOT ADD a member's new spouse.)

- **ADULT CHILD:** A child will be inactivated automatically at the age of 19 unless an *Affidavit of Employee* form has been completed confirming that they are not eligible to participate in another employer-sponsored health plan other than an employer-sponsored health plan of the child's parent.

- **STEP-CHILD:** A step-child will be inactivated if the member and the spouse are divorced.

COMPLETION FORM GUIDELINES

- **LIST ALL CURRENT ELIGIBLE DEPENDENTS WHEN ADDING A NEW DEPENDENT**
- **COMPLETE ENTIRE BENEFICIARY SECTION EVEN IF THE INFORMATION REMAINS THE SAME**
- **THIS FORM MUST BE NOTARIZED IN ALL CASES EXCEPT FOR ADDRESS CHANGES.**
- **ONLY SEND COPIES OF OTHER DOCUMENTS. ORIGINAL DOCUMENTS WILL NOT BE RETURNED.**

***** THE BENEFITS OFFICE MUST BE NOTIFIED IMMEDIATELY UPON MEMBER'S DIVORCE *****

ANY PERSON WHO FILES THIS FORM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY LOSE NEI BENEFIT COVERAGE.