IUOE Local 4 Health and Welfare Fund
Young Adult Eligibility Certification Form

The Affordable Care Act allows young adults to enroll in their parents' health care plan until age 26 **(as long as the young adult does not have access to their own employment based health plan)** even if the young adult no longer lives with his or her parents, is not a dependent on a parent's tax return, or is no longer a student. This applies to both married and unmarried children, although the dependent's spouse and children are not eligible to enroll.

By completing and signing below, you certify that the dependents listed below are not eligible to enroll in their own employment based health plan. If the young adult does become eligible to join their own employment based health plan, it is your responsibility to notify the Fund Office in writing of the effective date of the new insurance.

Important notice: The Effective Date of Coverage for your eligible dependent will be on the 1st day of the month following the Fund Office's receipt of this completed form. Example: This completed form is received at the Fund office on 11/10/2011. The effective date of health plan coverage for the eligible dependent will be: 12/1/2011.
Exception: **When the completed form is received within the same month that the eligible dependent child turns Age 19, the eligible dependent child will not experience a break in health plan coverage.**

PARTICIPANT NAME (Please Print)

Last | First | MI | Social Security Number

DEPENDENT NAME (Please Print)

Last | First | MI | Social Security Number

Dependent Date of Birth | Relationship to Participant

Street Address (if different from Participant) | Apt. | City, State, Zip

Other Insurance (i.e., if enrolling in Plans of both parents)

DEPENDENT NAME (Please Print)

Last | First | MI | Social Security Number

Dependent Date of Birth | Relationship to Participant

Street Address (if different from Participant) | Apt. | City, State, Zip

Other Insurance (i.e., if enrolling in Plans of both parents)

DEPENDENT NAME (Please Print)

Last | First | MI | Social Security Number

Dependent Date of Birth | Relationship to Participant

Street Address (if different from Participant) | Apt. | City, State, Zip

Other Insurance (i.e., if enrolling in Plans of both parents)

If you have additional young adult dependents (between the age of 19 and 26) to add you may photocopy this form or download a copy from the Fund's website: www.local4funds.org

CERTIFICATION

Under penalties of perjury, I declare that the information I have furnished above, to my knowledge and belief, is true and complete and that my dependent is not eligible for their own employment based health insurance:

Participant Signature | Date | Telephone

Email Address

Note: A birth certificate copy is required for dependents not previously enrolled through IUOE Local 4 Health and Welfare Fund, or any other documentation that the Fund Office may deem necessary for dependency. Contact the Fund Office at 1-888-486-3524 if you have any questions.

Important notice: The Effective Date of Coverage for your eligible dependent will be on the 1st day of the month following the Fund Office's receipt of this completed form. Example: This completed form is received at the Fund office on 11/10/2011. The effective date of health plan coverage for the eligible dependent will be: 12/1/2011.
Exception: **When the completed form is received within the same month that the eligible dependent child turns Age 19, the eligible dependent child will not experience a break in health plan coverage.**

Please return form and any required documentation to:
IUOE Local 4 Health and Welfare Fund
P.O. Box 660
Medway, MA 02053