



**INDIANA LABORERS WELFARE FUND**  
PO BOX 1587  
TERRE HAUTE, IN 47808  
Phone: (812) 238-2551 | Fax: (812) 238-2553  
www.indianalaborers.org

**Dependent Enrollment Form**  
**(Class A - Active Coverage)**

Participant Name: \_\_\_\_\_ ID#: \_\_\_\_\_

I request the following dependent(s) be included in my health benefit plan coverage through the Indiana Laborers Welfare Fund. *Dependent(s) listed below are in addition to those already covered.*

Name of Dependent	Social Security Number	Date of Birth	Gender	Relationship to Participant

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **TIMELY ENROLLMENT REQUIREMENTS**

A Participant has 30 days after a life event (marriage, adoption, e.t.c.,) or 120 days after the birth of a new child to add a new Dependent. If the new Dependent is added in a timely manner, the new Dependent will be eligible effective the date of the life event. If the new Dependent is not added within this time frame, eligibility will not begin until the first month after the receipt of all documented proof of dependency.

#### **Spouse:**

- ☐ Submit a copy of official marriage license or certificate of marriage.
- ☐ Complete a new Registration and Beneficiary Designation Form (Please request this form if not already in your possession.)
- ☐ Complete a new Coordination of Benefits (COB) and Verification Form.

#### **Child:**

- ☐ Submit a copy of the birth certificate, paternity papers (if member is not listed on the birth certificate), or adoption order.
- ☐ Complete a Dependent Custody Form. (Copies of other insurance cards and/or court documents pertaining to custody and health coverage must be provided.)

#### **Step-child:**

- ☐ Submit a copy of the birth certificate, paternity papers, or adoption order.
- ☐ Submit a copy of official marriage license or certificate of marriage.
- ☐ Complete a Dependent Custody Form. (Copies of other insurance cards and/or court documents pertaining to custody and health coverage must be provided.)