



Service. Security. Stability.

**Instructions for
Enrolling an Adult Dependent Child Age 19 to 26
in the Chicago Regional Council of Carpenters Welfare Fund
Active Plan of Benefits**

- 1. Review the List of Dependent Definitions and Required Documents** to determine if your dependent meets the definition of an adult dependent child age 19 to 26. If your dependent meets the criteria, proceed to step #2 below. Remember you must submit the required supporting documents (for example, a birth certificate for a biological child) to the Fund Office.
- 2. Complete the Enrollment Form in its entirety.** Print clearly in ink and answer all questions. Enrollment will be delayed if the form is not legible or if a question is left unanswered. (Note: If your adult dependent child has other insurance, you must make a copy of his/her insurance card and return it with the completed Enrollment Form.)
- 3. The carpenter must sign and date the form.** The form is not valid without a signature.
- 4. Submit the completed Enrollment Form and all required documents necessary for enrollment to:**

Scan & Email to: ActiveEnrollment@crcbenefits.org

or

Fax to: Chicago Regional Council of Carpenters Welfare Fund
Attn: Membership Desk
Fax Number: 312-951-1515
(Note: Write the Participant's ID number on each page)

or

Mail to: Chicago Regional Council of Carpenters Welfare Fund
Attn: Membership Desk
12 East Erie Street
Chicago, IL 60611

Note:

- ✓ The completed enrollment form and the Required Document(s) must be received by the Fund Office for coverage to begin. Coverage will begin the first of the month following receipt of the enrollment form and all required supporting documents (e.g., if documents are received by the Fund Office on July 1st, enrollment will be effective August 1st).
- ✓ Coverage is contingent upon the carpenter's eligibility for benefits, as well as, the requirement that the Fund Office receive the enrollment form and the required supporting documentation.

**CHICAGO REGIONAL COUNCIL OF CARPENTERS WELFARE FUND
DEFINITIONS AND REQUIRED DOCUMENTS FOR
ENROLLMENT FOR ADULT DEPENDENT CHILDREN AGES 19 TO 26
ACTIVE PLAN OF BENEFITS**

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENTS
Biological child younger than age 26	A biological child.	<ul style="list-style-type: none"> • Birth Certificate (county certified) listing the carpenter or retired carpenter as a biological parent, OR • Foreign Birth Certificate from Country of birth, OR • Qualified Medical Child Support Order – coverage generally applies only through age 18. <p><i>A Qualified Medical Child Support Order (QMCSO) is used to provide health insurance and medical benefits under a non-custodial parent's health insurance plan. A Qualified Medical Child Support Order can either be established through a court order, or through the Office of Child Support Enforcement.</i></p> <p>The Fund will also accept a National Medical Support Notice issued by the state child support enforcement agency.</p>
Adopted child younger than age 26	An adopted child placed for adoption before the age of 18.	<p><u>One</u> of the following documents:</p> <ul style="list-style-type: none"> • Court ordered Placement for Adoption • Final Adoption Order signed by a judge • International adoption papers from country of birth • Amended birth certificate listing the carpenter as a parent
Stepchild younger than age 26	<p>An unmarried stepchild for whom the participant provides more than one-half of the total support for such child and the stepchild must reside with the Participant for more than one-half of the Calendar Year.</p> <p>Note: Primary coverage for a stepchild is provided only in the event no other group health coverage is available through the biological parents and that neither biological parents are obligated to provide health coverage.</p>	<ul style="list-style-type: none"> • Birth Certificate of stepchild (county certified), AND • Stepchild Dependent Affidavit, <p>AND one of the following documents:</p> <ul style="list-style-type: none"> • Divorce Decree - the first page, last page (with the official stamp to show proof filed with the court) and all sections relating to medical insurance and custody, OR • Death certificate, if biological parent is deceased, OR • Notarized letter from the biological parent stating that the stepchild's biological parent was never married.
Disabled biological child age 26 and older	<p>An unmarried biological child with a physical or mental disability provided that:</p> <ul style="list-style-type: none"> • The disability is permanent; • The disability began before the child attained age 19 and while the child was covered as a Dependent under the Plan; and • The child must be dependent on the participant for more than 50% of his/her financial support and maintenance. <p>Note: A child is considered disabled if he is so severely impaired, physically or mentally, that he is not capable of self-support.</p>	<ul style="list-style-type: none"> • Birth Certificate, AND • Participant Statement for Continuation of Coverage, <p><u>AND</u> one of the following documents:</p> <ul style="list-style-type: none"> • A Physician's Statement certifying total and permanent disability • Notice of Determination of Disability from the Social Security Administration • Medicare Identification Card for dependent

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENTS
<p>Disabled step child age 26 and older</p>	<p>An unmarried step child with a physical or mental impairment provided that:</p> <ul style="list-style-type: none"> • The disability is permanent; • The disability began before the child reached age 19 and while the child was covered as a Dependent under the Plan; and • The participant must attest to the Fund that he/she provides more than one-half of the total support for such child and the stepchild must reside with the Participant for more than one-half of the Calendar Year provided that: <p>Note:</p> <ul style="list-style-type: none"> • A child is considered disabled if he/she is so severely impaired, physically or mentally, that he/she is not capable of self-support. • Primary coverage for a stepchild is provided only in the event no other group health coverage is available through the biological parents and that no other person is obligated to provide health coverage. 	<ul style="list-style-type: none"> • Birth Certificate, AND • Stepchild Dependent Affidavit, AND • Participant Statement for Continuation of Coverage, AND one of the following documents: • A Physician's Statement certifying total and permanent disability • Notice of Determination of Disability from the Social Security Administration • Medicare Identification Card for dependent • AND one of the following documents: • Divorce Decree- the first page, last page (with the official stamp to show proof filed with the court) and all sections relating to medical insurance and custody, OR • Death certificate, if biological parent is deceased, OR • Notarized letter from the biological parent covered under the Plan stating that the stepchild's biological parents were never married.
<p>Disabled adopted child age 26 and older</p>	<p>An unmarried child placed for adoption before the age of 18, with a physical or mental disability provided that:</p> <ul style="list-style-type: none"> • The disability must be considered permanent; • The disability began before the child reached age 19 and while the child was covered as a Dependent under the Plan; and • The child must be dependent on the participant for more than 50% of his/her financial support and maintenance. <p>Note: A child is considered disabled if he/she is so severely impaired, physically or mentally, that he/she is not capable of self-support. A child is not considered disabled if the disability is due to alcoholism or drug addiction.</p>	<p>One of the following documents:</p> <ul style="list-style-type: none"> • Court ordered Placement for Adoption • Final Adoption Order signed by a judge • International adoption papers from country of birth • Participant Statement for Continuation of Coverage, AND one of the following documents: • A Physician's Statement certifying total and permanent disability • Notice of Determination of Disability from the Social Security Administration • Medicare Identification Card for dependent
<p><u>RESOURCES TO OBTAIN DOCUMENTS:</u></p> <p>Birth Certificates: www.idph.state.il.us/vitalrecords/index.htm</p> <p>Note: Wisconsin law (Statute 69.24) strictly prohibits the copying of any vital records; therefore, if you live in the state of Wisconsin you must obtain and submit a true certified copy. In no case will the Fund accept uncertified copies.</p>		
<p>If you have questions, please call the Fund Office at 312-787-9455 Telephone Option #3</p>		



CHICAGO REGIONAL COUNCIL OF CARPENTERS HEALTH-WELFARE FUND

12 East Erie Street
Chicago, IL 60611
(312) 787-9455 – Option 3



Enrollment Form for an Adult Dependent Child Age 19 to 26

Instructions: **Print Clearly in Ink.** This form can be used to add two dependents that are not currently eligible under the Plan but may be added as a result of HealthCare Reform (PPACA) laws. If you require an additional form, one can be downloaded from our website at www.crcbenefits.org. Click on News & Announcements. Scroll down to the document titled "Enrollment for Adult Dependents Ages 19 to 26." The carpenter must complete this form in full, sign and date it. The completed form and the required supporting documentation must be received by the Fund Office. Coverage will begin the first of the month following receipt of the enrollment form and all required supporting documents.

Participant's Name:	Participant's SSN# or UID# (UID# is on BCBS I.D. Card)
Participant's Street Address, City, State & Zip:	

Dependent's Name:	Dependent's SSN:	Dependent's Date of Birth:
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Dependent's Street Address, City, State & Zip:

Is this Dependent employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide employer name and telephone number:	Does this Dependent have other insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide insurance information below:	Is this Dependent Covered By Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide Medicare ID number and copy of Medicare card.
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Name of other insurance: _____ Address of other Insurance: _____ Policy Number: _____ Insurance Company Phone Number: _____	Affix a copy of dependent's insurance card to this form.
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Dependent's Name:	Dependent's SSN:	Dependent's Date of Birth:
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Dependent's Street Address, City, State & Zip:

Is this Dependent employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide employer name and telephone number:	Does this Dependent have other insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide insurance information below:	Is this Dependent Covered By Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide Medicare ID number and copy of Medicare card.
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Name of other insurance: _____ Address of other Insurance: _____ Policy Number: _____ Insurance Company Phone Number: _____	Affix a copy of dependent's insurance card to this form.
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Statement: I understand that enrolling my adult dependent child to my coverage is contingent upon my own eligibility for benefits as well as the requirement that the Fund Office receive this completed form and all required supporting documentation. Coverage will begin on the first of the month following receipt of the enrollment form and required documents. I understand that the Fund is not required and will not provide coverage to my adult dependent's spouse or my adult dependent's children. I understand the Plan pays secondary to any employer coverage or self pay coverage that my adult dependent child has. If my adult dependent child obtains insurance coverage in the future through his or her employer or other source, including my spouse's coverage,, I am required to notify the Fund Office with notice within 30 days. Failure to do so may result in termination of coverage for my adult dependent child and the forfeiture of COBRA rights under this Plan.

It is fraudulent to fill out this form with information you know to be false or knowingly omit important facts. Criminal and/or civil penalties can result from such an act. If any of the above information is untrue, I agree to reimburse the Chicago Regional Council of Carpenters Welfare Fund for any money it was induced to pay as a result of the information I provided.

Signature of Participant (Carpenter):	Date:
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FREQUENTLY ASKED QUESTIONS

Enrollment for Adult Dependent Children Ages 19 to 26

Active Plan of Benefits

1. What are the Plan's requirements for enrollment of an adult dependent child?

- a. A fully completed and signed Enrollment Form; and
- b. A birth certificate which lists the participant (carpenter) as one of the biological parents.

The above is not meant to be an all inclusive list, additional documents are required for adopted and step children. Full details are provided on the Definitions and Required Documents listing.

2. Does the Fund require original documentation for enrollment?

No. Copies are acceptable.

3. How do I submit the required documents?

Documents may be submitted by fax to 312-951-1515, Attn: Membership Desk, or scanned and emailed to ActiveEnrollment@crccbenefts.org or mailed to the Fund Office at: Chicago Regional Council of Carpenters Welfare Fund, Attn: Membership Desk, 12 East Erie Street, Chicago, IL 60611.

4. Who can answer my questions about the requirements to add an adult dependent child?

Any one of the Participant Service Representatives can answer your questions. Call the Fund Office at 312-787-9455, phone option 3, Monday through Friday, between 8:00 a.m. and 4:30 p.m.

5. Who can I enroll during the open enrollment period?

Provided that you supply all the required documents and your child meets the definition of an adult dependent child age 19 to 26, you may enroll your biological, adopted or step child.

6. Will I receive verification that my adult dependent child's enrollment was processed?

Yes. The Fund Office will mail a confirmation notice to your home address after enrollment is complete.

7. How soon will my adult dependent child be covered?

If the Fund Office receives the enrollment form and the required documents, your adult dependent child could be covered as soon as the first of the month following receipt of the required documents. For example, if the Fund Office receives your documentation on January 1, 2012, coverage for your child will begin on February 1, 2012. Please keep in mind that the Fund Office will need up to 7 business days in order to process your documents and enroll your child in the Plan. To avoid a delay, we recommend you submit the enrollment form and copies of the required documents as soon as possible.

8. If I want to add my dependent to my coverage at a later date, will I be allowed to do so?

As long as you, the carpenter, are eligible for benefits, you may enroll your adult child at a later date. However, coverage will begin the first of the month following the date the enrollment form and all required documents are received (e.g., documents arrive at Fund Office on September 15th; coverage will begin on October 1st.)

9. Will I still have to provide full time student status for my 19 to 26 year old adult dependent child?

No. After July 1, 2011, coverage is not contingent upon full time student attendance. The full time student requirement has been eliminated.

10. Can I enroll my adult dependent child who is married but younger than age 26?

Yes. However, the Fund will not cover your adult dependent's spouse or their children. For details see the Definitions and Required Documents listing.

11. Can I enroll my adult dependent child who does not live with me and who is not financially dependent on me?

Yes. Living with the participant or being financially dependent on the participant is not a requirement. For details see the Definitions and Required Documents listing.

12. Can I enroll my adult dependent child who has insurance through his/her employer? What if my spouse's plan also offers adult dependent coverage?

Yes your adult dependent child can be covered under this Plan and a second plan. However, the coverage available through your dependent's employer is the primary carrier and the Fund will pay second. In the event your spouse's Plan offers adult dependent child coverage as well, coordination of benefit payment between plans will follow the rules provided in the Summary Plan Description.

13. Can I enroll my adult dependent child although I am not currently eligible for benefits?

Yes. However, be advised that your adult dependent child will not be eligible until you regain eligibility under the Plan.