



ADD DEPENDENT FORM

Construction Laborers' Welfare Fund
2357 59th Street • St. Louis, MO 63110
benefits@stllaborers.com • www.stllaborers.com

It is hereby requested that the changes listed below be made to my records. Be sure to print all information. These changes shall apply only to benefits offered by the Greater St. Louis Construction Laborers' Welfare Fund.

INFORMATION

Member Name: _____

Social Security or Medical ID #: _____ Phone #: _____

Address: _____

ADD/REMOVE DEPENDENT

Effective date of change: _____ Add Remove

Name: _____ SSN: _____ - _____ - _____ Date of Birth: ____/____/____

Name: _____ SSN: _____ - _____ - _____ Date of Birth: ____/____/____

Name: _____ SSN: _____ - _____ - _____ Date of Birth: ____/____/____

Name: _____ SSN: _____ - _____ - _____ Date of Birth: ____/____/____

Reason for adding/removing dependent(s): _____

ADD A NEWBORN

Date of Birth: _____ Newborn's Name: _____ Sex: M F

Natural Father's Name: _____ Natural Mother's Name: _____

If you fail to submit a completed enrollment form or any required documentation other than a birth certificate within **31 days** after you acquire a dependent or a birth certificate with **90 days** after the birth of a child, coverage for that dependent will be effective the first of the month following receipt of the completed enrollment for, birth certificate or other required documentation.

I understand that it is my responsibility to immediately notify the Benefit Office of any changes in the above information. If there is not an effective date of change indicated on this form, we will use the date on which the Change Request Form is signed unless the Summary Plan Description book states otherwise. I certify the above statements are true, complete, and accurate to the best of my knowledge. A photocopy of this authorization shall be as valid as the original.

Member Signature: _____ Date: _____

Please make sure to complete the entire form and sign.