

# Pipe Fitters Local No. 533 Health and Welfare Plan

8600 Hillcrest Road, Suite A / Kansas City, MO 64138 (ph.) 816-361-0206

## Participant Enrollment Form

**If your family status such as marital status, or dependent(s) coverage status has changed, you must submit this Enrollment Form to the Fund Office by March 16, 2026.**

- If you are married, you must include the Employed Spouse Coverage Affidavit regardless of employment status.
- If you are married and have not yet provided a copy of your Marriage Certificate, a copy must also be provided to the Plan Office.
- If you are enrolling a Dependent child(ren), you must include a copy of the child's birth certificate, adoption papers, or court order for custody and support or maintenance (as applicable) if not previously provided.

### Section 1: Member/Participant Information

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Gender M or F Email Address \_\_\_\_\_

Marital Status Single Married Divorced Widowed

Medicare Number \_\_\_\_\_ Part A \_\_\_\_\_ Part B \_\_\_\_\_

Spouse Medicare Number \_\_\_\_\_ Part A \_\_\_\_\_ Part B \_\_\_\_\_

### Section 2: Spouse Information (Complete this section if you are married)

Name (Last, First, Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Social Security Number \_\_\_\_\_

**NOTE: If you are married you must also return a complete, signed Employed Spouse Coverage Affidavit.**

### Section 3: Dependent(s) Information (not including Spouse) If you have more than 4 eligible Dependents, attach a separate sheet of paper with those additional Dependents.

Name	Date of Birth	Relationship	Social Security #	Do they have other coverage?	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

**(YOU MUST COMPLETE THE BACKSIDE OF THIS FORM)**

You must also return a completed and signed Coordination of Benefits Form.

**The following is extremely important information. Please read this language carefully and then sign and date this Enrollment Form and return it to the Fund Office. If you are married, both you and your spouse must sign and date this Enrollment Form.**

I hereby certify that all information provided on this Enrollment Form is correct to the best of my knowledge. I understand that if this information changes, it is my responsibility to notify the Fund Office immediately. I also understand that I will be required to reimburse the Plan for any payments made as a result of my failure to notify the Fund Office of a change in the information provided on this Enrollment Form.

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***Participant Signature***

***Date of Signature***

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***Spouse's Signature***

***Date of Signature***

**Life-Changing Events**

When you get married, provide the Fund Office with:

- A copy of your marriage certificate
- Your spouse's date of birth
- A copy of your spouse's medical insurance information, if he or she is covered under another plan

If you add a child, provide the Fund Office with:

- A copy of the child's birth certificate, adoption papers, or court order for custody and support or maintenance (as applicable)
- A copy of your child's other medical insurance information, if he or she is covered under another plan

If you get legally separated or divorced, provide the Fund Office with:

- A copy of your separation or divorce decree
- A copy of any QDRO
- If you have children for whom you do not have custody, a copy of any QMCSO

Life changing events are all subject to the terms of the Pipe Fitters Local No. 533 Health and Welfare Plan Document. If you have any questions regarding enrollment, please see your Summary Plan Description or contact the Fund Office.