



DISENROLLMENT FORM

Part 1 Participant Information

PARTICIPANT NAME	First Name		Middle Initial	Last Name	
	Blue Shield of California		OR	Social Security Number XXX-XX-XXXX (Only last four digits required)	
PARTICIPANT ID	IPE T50				
DATE OF BIRTH	mm/dd/yyyy		LOCAL UNION NUMBER		
ADDRESS	Street		City	State	ZIP Code
PHONE NUMBER	() -		EMAIL		

Part 2 Dependent Information

DEPENDENT NAME	First Name		Middle Initial	Last Name	
SOCIAL SECURITY NUMBER	XXX-XX-XXXX		DATE OF BIRTH	mm/dd/yyyy / /	

Part 3 Action Requested

☐ DISENROLL SPOUSE ☐ DISENROLL DOMESTIC PARTNER ☐ DISENROLL CHILD 18 AND OVER ☐ DISENROLL CHILD UNDER 18

Part 4 Authorization

I understand that a Disenrollment Form received by the 15th of the month will be effective the first day of the following month. I also understand that, once disenrolled, the dependent listed above cannot be covered under the Southern California Pipe Trades Health & Welfare Plan unless and until I re-enroll them by submitting a new Enrollment Form. Any dependents enrolled in this way will be re-enrolled prospectively beginning on the day the Fund Office receives the new Enrollment Form.

I also understand that:

- A dependent added by a Court or Government Agency may not be disenrolled while the order is still in effect.
- If disenrolling a Spouse, Domestic Partner or Child age 18 and over, the signature of dependent is also required.
- If disenrolling a Child under age 18, the signatures of both parents are required.

PARTICIPANT SIGNATURE	DATE	DEPENDENT/PARENT SIGNATURE	DATE
Required		Required	
X		X	