



DIENROLLMENT FORM
(ACTIVE)

PART 1—PARTICIPANT INFORMATION

Participant Name

Social Security Number (only last four digits required)

OR IPE T50
Blue Shield ID No.

Address

Phone Number

Email Address

PART 2—DEPENDENT INFORMATION

Dependent Name

Social Security Number (only last four digits required)

Date of Birth

Phone Number

Email Address

PART 3—ACTION REQUESTED

- Disenroll Spouse
Disenroll Domestic Partner
Disenroll Child 18 or older
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;
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;
The disenrolled dependent will be notified in writing of their disenrollment;
A dependent added by a Court or Government Agency cannot be disenrolled while the order is still in effect;
If disenrolling a Spouse, Domestic Partner, or child are 18 and over, only the dignature of the dependent is required; and
If disenrolling a child under age 18, the signatures of both parents are required.

Participant Signature

Date

Dependent/Parent Signature

Date