



CEMENT MASONS—EMPLOYERS H&W TRUST

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PORTLAND OR 97216
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ENROLLMENT FORM :

A form must be completed upon entering the Trust and within 30 days of a family status change. If an item is not applicable, write N/A. If more space is needed, attach a separate statement with the additional information

New Employee Form Enrollment Change Form Open Enrollment Change

Employee Information

Name (Last, First, MI) _____ Gender M F Date of Birth _____
Social Security Number _____ Phone# _____ Alternate # _____
Address _____ Unit/Apt # _____ City _____ State _____ Zip _____
Email Address _____

Medicare Eligible Yes No Medicare ID # _____
Marital Status Single Married-Date of Marriage _____ Divorced-Date of Divorce _____

If divorced and enrolling dependent children you will need to provide a copy of decree before claims will be processed

Spouse Information (See Definition on back side of this paper)

Spouse Name (Last, First, MI) _____ Disabled Yes No
Gender M F Date of Birth _____ Social Security Number _____
Other Health Insurance Yes No Insurance Company _____
Policy # _____ Health record # _____
Medicare Eligible Yes No Medicare ID # _____

Dependent Information (Please see reverse for definition of dependent.)

Child Name (Last, First, MI) _____ Disabled Yes No
 Biological Child Step Child Adopted Gender M F Date of Birth _____
Social Security Number _____ Other health Insurance Yes No
Insurance Company _____ Policy # _____
Health Record # _____
Medicare Eligible Yes No Medicare ID # _____

Child Name (Last, First, MI) _____ Disabled Yes No
 Biological Child Step Child Adopted Gender M F Date of Birth _____
Social Security Number _____ Other health Insurance Yes No
Insurance Company _____ Policy # _____
Health Record # _____
Medicare Eligible Yes No Medicare ID # _____

Child Name (Last, First, MI) _____ Disabled Yes No
 Biological Child Step Child Adopted Gender M F Date of Birth _____
Social Security Number _____ Other health Insurance Yes No
Insurance Company _____ Policy # _____
Health Record # _____
Medicare Eligible Yes No Medicare ID # _____

List additional dependents on reverse.

Important-Your application cannot be processed without your signature. Please read the back of this form before signing

I acknowledge by my signature that the information I have supplied on this form is true and correct and that I have read and agree to the requirements, terms, conditions, limitations, and provisions described on the back of this form

Employee Signature _____ Date ____/____/____

List additional dependents on reverse side

List additional dependents here:

Child Name (Last, First, MI) _____ Disabled Yes No
 Biological Child Step Child Adopted Gender M F Date of Birth _____
Social Security Number _____ Other Health Insurance Yes No
Insurance Company _____ Policy # _____
Health Record # _____
Medicare Eligible Yes No Medicare ID # _____

Child Name (Last, First, MI) _____ Disabled Yes No
 Biological Child Step Child Adopted Gender M F Date of Birth _____
Social Security Number _____ Other Health Insurance Yes No
Insurance Company _____ Policy # _____
Health Record # _____
Medicare Eligible Yes No Medicare ID # _____

Child Name (Last, First, MI) _____ Disabled Yes No
 Biological Child Step Child Adopted Gender M F Date of Birth _____
Social Security Number _____ Other Health Insurance Yes No
Insurance Company _____ Policy # _____
Health Record # _____
Medicare Eligible Yes No Medicare ID # _____

Definition of Spouse

A subscriber's lawful spouse is eligible for coverage (if not legally separated from the employee). The term "lawful spouse" means that you can provide written certification appropriate to the state in which you live which deems a person your "lawful spouse".

Definition of Dependent Children

For purposes of determining eligibility, the following are considered children:

- a. The natural or adopted child of a subscriber or a subscriber's spouse
- b. Children placed for adoption with a subscriber. Adoption paperwork must be provided
- c. Children related to a subscriber by blood or marriage for whom the subscriber is the legal guardian. A court order showing legal guardianship must be provided.

The following information may be required prior to the processing of claims:

- Copies of Social Security Cards for all Dependents.
- Copy of State provided Marriage Certificate.
- Copies of Birth Certificates for dependent children.
- Copies of medical support or divorce decrees for step-children to determine coordination of benefits.

A subscriber's children are eligible until their 26th birthday. Children eligible due to a court or administrative order are subject to the Plan's child age limit.