



**Warehouse Employees Union Local No. 730
Health and Welfare Trust Fund**

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (800) 730-2241
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (800) 730-2241
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ENROLLMENT FORM

Name of Employee

Last Name		First Name		MI	OFFICE USE ONLY		
Address		Local Union No.		Effective		Terminated	
City		State	Zip Code		A.		
Telephone		Sex: M/F	Date Employed		B.		
Your Social Security No.		Company, Job Classification				C.	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated							
Date of Marriage:							
Coverage Desired: <input type="checkbox"/> Individual <input type="checkbox"/> Parent/Child <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Family							
Name of any other health insurance covering you, including Medicare							
Name of Insured: _____ Type of Insurance: _____							
Policy No.: _____ Name of Insurance: _____							
Death Benefits to be paid to (Name/Relationship):							
Beneficiary's Address							
Date Signed			Signature				

PLEASE READ BOTH SIDES OF THIS FORM CAREFULLY.

The Board of Trustees of the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund believe the plan is a "grandfathered health plan" under the Patient Protection Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits of benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered status can be directed to the plan administrator by contacting the Fund Office in writing at, 911 Ridgebrook Road, Sparks, MD 21152-9451. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or through its website www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

**LIST BELOW NAME(S) OF YOUR SPOUSE AND CHILDREN UNDER AGE 26
FOR WHOM YOU DESIRE COVERAGE**

LIST NAME IN ORDER OF AGE - ELDEST FIRST	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO. * REQUIRED

**A COPY OF YOUR MARRIAGE LICENSE AND/OR DEPENDENT'S BIRTH CERTIFICATE MUST BE INCLUDED WITH THIS APPLICATION
*SOCIAL SECURITY NUMBERS ARE REQUIRED FOR ANY ELIGIBLE DEPENDENTS IN ORDER TO RECEIVE BENEFITS**

Name any other health insurance covering your dependent(s), including Medicare:

Name: _____ Policy No.: _____

Name: _____ Policy No.: _____

I certify that I have carefully read both sides of the enrollment form and agree to the terms specified thereon. The foregoing statements are complete, true & correctly recorded.

I hereby apply for participation for my dependent(s) in the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund. I understand that I, the participant must be enrolled as well, and that this application is subject to me being employed by a Participating Employer and covered by a collective bargaining agreement with a Participating Union. I and my dependent(s) agree to follow the rules and regulations determined by the Board of Trustees as communicated to me through the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund Summary Plan Description or updates thereto.

Participant Signature (DO NOT PRINT): _____ Date: _____