



# IRON WORKERS' Tri-State Welfare Fund

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## DEPENDENT ADDITION REQUEST FORM

Please complete and return this form to add a spouse or child to your health care coverage. You must also enclose a CERTIFIED STATE OR COUNTY COPY of your marriage certificate if you are adding a spouse, or a CERTIFIED STATE OR COUNTY COPY of the birth certificate if you are adding a child. (A certified copy is a copy acquired from the state or county in which the marriage or birth occurred. It must have the "raised seal"). If you send originals, they will be copied and returned to you. Hospital and church records are not acceptable. All information must be completed and provided or your dependents will not be enrolled under your health care coverage.

EMPLOYEE INFORMATION (must be completed) Please print all sections.

NAME \_\_\_\_\_

SSN# \_\_\_\_-\_\_\_\_-\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER(\_\_\_\_)-\_\_\_\_-\_\_\_\_      DATE OF BIRTH\_\_\_\_/\_\_\_\_/\_\_\_\_

Check one of the following:

\_\_\_\_ **Spouse.** I would like to add my spouse to my health care coverage. Complete Section A on page 2 of this form.

\_\_\_\_ **Child.** I would like to add my child/children to my health care coverage. Complete Section B on page 2 of this form.

\_\_\_\_ **Both.** I would like to add my spouse and child/children to my health care coverage. Complete Sections A & B on page 2 of this form.

**SECTION A (Spouse)**

MARRIED NAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

MARRIAGE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_      SSN#: \_\_\_\_\_

\_\_\_\_\_ I am enclosing a **Certified State or County Copy** of the marriage certificate.

**SECTION B (Child)**

CHILD'S FULL NAME: \_\_\_\_\_      SSN#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ I am enclosing a **Certified State or County Copy** of the birth certificate.

CHILD'S FULL NAME: \_\_\_\_\_      SSN#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ I am enclosing a **Certified State or County Copy** of the birth certificate.

CHILD'S FULL NAME: \_\_\_\_\_      SSN#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ I am enclosing a **Certified State or County Copy** of the birth certificate.

\*\*\*If you have more children to add at this time, please fill out additional Section B information on a separate sheet of paper for each child and enclose birth certificates for each.

\*\*\*Mail both pages of this form and certificates to the address at the top of the first page.

\*\*\***If you do not send certified copies, or if you send photocopies, your dependents will not be added.**

All of the information that I have provided is true and correct to my knowledge.

Member Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_