

**Iowa Laborer's DC H/W Plan**  
150 1st Ave NE Ste 450 Cedar Rapids, IA 52401  
Phone: 319-365-2810 Fax: 319-365-1043 - Toll Free (866) 365-2810

**\*MUST RETURN COMPLETED FORMS TO ACTIVATE INSURANCE\***

Laborer Benefit Information Sheet

Member's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Local: Laborers' Local 43 Employer: \_\_\_\_\_

For family insurance, please list dependents below

Name (First, M.I, Last)	DOB (M,D,Year)	Sex (M.F)	Social Security Number
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Spouse: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

***NOTE - Enclose a copy of the state birth certificate for each child listed. If the last name is different from yours, please explain their relationship to you. Please see DOCUMENTATION NEEDED TO ADD/REMOVE DEPENDENTS sheet for further direction.***

Spouse' Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Spouse's effective date of other insurance coverage: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ *Enclose of copy of our certificate of Marriage.*

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to the address above.**

## **DOCUMENTATION NEEDED TO ADD/REMOVE DEPENDENTS:**

### **TO ADD A SPOUSE:**

- 1) copy of state of Iowa marriage certificate & new enrollment forms
- 2) statement of “loss of coverage” & new enrollment forms

### **TO ADD A NEW BABY/ADOPTED CHILD:**

- 1) new enrollment forms, copy of social security card, copy of state of Iowa birth certification
- 2) new enrollment forms & signed, dated copy of the adoption papers & copies of new birth certificates

### **TO ADD A CHILD:**

- 1) Copy of child’s birth certificate – if you are not listed on the birth certificate as the child’s father/mother, then we will also need either a court order establishing paternity or something from the state of Iowa showing payment of child support.

### **TO ADD A STEP-CHILD:**

- 1) new enrollment forms
- 2) copy of most recent tax statement naming the child as a dependent
- 3) notarized statement signed by the participant & their spouse stating that the child is a) living with the participant in a regular parent/child relationship; b) that you contribute more than 50% toward the maintenance and support of the said child and c) the child is neither covered nor required to be covered by any other health plan or person

### **TO TERM/DELETE DEPENDENT:**

- 1) new enrollment forms
- 2) signed & dated copy of a divorce decree or
- 3) letter of credible coverage or
- 4) copy of death certificate