

Plan D5 Dependent Registration Form — To Register your Dependents with the Health Benefits Plan

You must register your eligible dependents with the Health Plan for them to be considered for all benefits. Not all dependents are eligible for coverage—please see the definition of eligible dependents in your Plan D5 booklet (Summary Plan Description). If your dependent information changes because of a birth, adoption, marriage, divorce, etc, you should contact the Benefits Fund Office.

Please fully complete this registration form and return it to the Benefits Fund Office. Completion of this form is not an indication of eligibility for benefits. You must be eligible for dependent coverage in order for your dependents to be covered. Please see your Plan D5 booklet or contact the Benefits Fund Office if you have questions about your or your dependents' eligibility for coverage.

Please Print Legibly

YOUR FULL NAME (EMPLOYEE-MEMBER)		YOUR SOCIAL SECURITY NUMBER or UFCW ID #		YOUR MEDICARE ID # (HICN), IF APPLICABLE	
STREET ADDRESS		CITY	STATE	ZIP	
DAYTIME AREA CODE/TELEPHONE NUMBER ()	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW/ER	EMPLOYED AT

NAME OF SPOUSE	DATE OF BIRTH	DATE OF MARRIAGE	SOCIAL SECURITY NUMBER	MEDICARE ID # (HICN), IF APPLICABLE
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NAME OF CHILD (include last name if different from employee-member)	DATE OF BIRTH— if over age 18, see below	RELATIONSHIP TO EMPLOYEE-MEMBER— If "Other," please specify exact relationship	MEDICARE ID # (HICN) or, if none, SOCIAL SECURITY NUMBER
		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Other _____	

If child is over age 18 and is a full-time student, evidence of student status must be submitted to the Benefits Fund Office at the beginning of each semester—see your Summary Plan Description (booklet) for details.