

# Carpenters Health and Security Plan of Western Washington

PO Box 1929 Seattle, WA 98111-1929

## Adult Child Insurance Questionnaire

As part of the Patient Protection and Affordable Care Act, most children are eligible under the Carpenters Health and Security Plan of Western Washington through age 25. To administer your adult child's eligibility, the Carpenters Health and Security Plan requires the completion of this questionnaire each year when your child attains age 19 through age 25. This questionnaire will be mailed to you the first of the month before your child's birthday and must be completed and received by the Trust Office ***within 60 days from the date the form was mailed or eligibility for this child will be suspended pending receipt of this completed questionnaire.*** If you have questions about this questionnaire, please contact Participant Services at the Trust Office.

(206) 441-6514 Seattle Area

(800) 552-0635 Nationwide

www.ctww.org

### Participant and Adult Child Information

<b>Participant's Name: Last, First, Middle</b>	<b>Member Number</b>	
_____	_____	
<b>Child's Name: Last, First, Middle</b>	<b>Child's Date of Birth</b>	<b>Social Security Number</b>
_____	_____	_____

### Other Employer-Sponsored Health Plan

Is the adult child listed on this questionnaire covered under any other employer-sponsored health plan (either the child's or the child's spouse's plan)?

Yes

No

### Enrollment Agreement

I have read this questionnaire and understand my right to keep this child enrolled in the Carpenters Health and Security Plan of Western Washington. I understand that to qualify for this plan, this child cannot be eligible to enroll in an employer-sponsored health plan (either the child's or the child's spouse's plan). I also agree to immediately notify the Trust Office if this child becomes eligible for other insurance through the child's or the child's spouse's employer.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_