

ROOFERS LOCAL # 195

HEALTH, ACCIDENT & PENSION FUNDS

6200 State Route 31 • Cicero, New York 13039 • Phone: (315) 699-1388 • Fax: (315) 699-1390

Young Adult Dependent Through Age 29 Certification Form			
Subscriber and Dependent's Information			
Subscribers Last Name	Subscribers First Name		Initial
Dependents Last Name	Dependents First Name		Initial
Dependents Street Address	Dependents City, State, Zip Code		
Subscribers Identification #	Dependents Social Security #	Dependent's Date of Birth	Dependent's Phone #
Eligibility Information			
Please answer the following:			
1. Is the dependent under age 30?		Yes	No
2. What is the dependent's Marital Status?	Single	Married mm/dd/yy Date of Marriage:	Divorced: mm/dd/yy Date of Divorce:
3. Is the dependent covered by, or eligible for, employer sponsored health insurance, Medicare or a self-insured employer plan?		Yes	No
4. What is the date which the dependent last had medical coverage: If known, please indicate mm/dd/yy _____ <i>Please provide a certificate of coverage from previous insurance carrier if the coverage terminated within the past 63 days.</i>			
5. Does the dependent live, work or reside in New York State?		Yes	No
Acknowledgement and Signature			
<p>Please read the following acknowledgement section and sign below (Subscribers or young adult signature is acceptable) I understand and agree that I will be fully responsible for payment of the premium due, with respect to the extended dependent coverage being requested (Pertains to the age 26-29 only). I hereby certify, that the above statements regarding eligibility are complete and correct, to the best of my knowledge. Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5000 and the stated value of the claim for each such violation. I have thoroughly read, understand and agree to comply with the terms of the release.</p>			
Signature:		Date:	

Please return completed form to Roofers Local 195 Fund Office, 6200 State Route 31, Cicero, NY 13039