

# International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware

1375 VIRGINIA DRIVE, SUITE 102  
FORT WASHINGTON, PENNSYLVANIA 19034  
Phone: (215) 542-8211 Fax: (215) 540-9369

JOHN HEENAN, Administrator



## ENROLLMENT FORM – ADULT CHILD (Age 19 – 25)

(Complete a separate form for each Adult Child for whom you seek enrollment)

Please fill out this form and return to the Funds Office:

IUOE Welfare Fund  
1375 Virginia Drive, Suite 102  
Ft. Washington, PA 19034

Adult Child's Name: \_\_\_\_\_

Adult Child's Date of Birth: \_\_\_\_\_

Adult Child's Social Security Number: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Social Security Number: \_\_\_\_\_

Participant's Phone Number(s): \_\_\_\_\_

Adult Child's Relationship to Participant (check one):

\_\_\_\_\_ **Biological Child**

\_\_\_\_\_ **Legally Adopted Child**

\_\_\_\_\_ **Stepchild**

*The undersigned Participant certifies that the Adult Child listed above has not attained age 26 and could not obtain employer-sponsored health coverage other than a group health plan of a parent. The undersigned Participant understands that coverage may be rescinded for fraud or intentional misrepresentation and that in the event of fraud or intentional misrepresentation, you will have to repay the Plan for the full amount of any benefits improperly received.*

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

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

To help track the costs associated with Healthcare Reform, the Funds Office would like to know if your child:  is a Full-Time College Student  is Not a Full-Time College Student