

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

SUITE 102
1375 VIRGINIA DRIVE
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
Fort 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: _____

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

Biological Child **Legally Adopted Child** **Stepchild**

I certify that the dependent listed above is an eligible dependent under the Plan; that is, my biological, adopted or step child (under age 26). Further, I understand that coverage may be suspended for fraud or intentional misrepresentation and that in the event of fraud or intentional misrepresentation, I will have to repay the Plan for the full amount of any benefits improperly received.

Participant's Signature: _____

Participant's Signature Date: _____