

I.B.E.W. LOCAL 25 HEALTH & BENEFIT FUND
NEWBORN REGISTRATION FORM

Congratulations!

This form must be submitted to the Fund office to add your newborn baby to your Health coverage with the Fund. Upon the Fund's receipt of the baby's birth certificate and Social Security Card, coverage will be effective as of the later of the baby's date of birth or thirty (30) days prior to the date the Fund office is notified ***in writing*** of the baby's birth.

What you must do

- Fill in the form in black ink. (Please print clearly.)
- Attach a copy of the baby's birth certificate or other documentation (ex. – a letter from the hospital) confirming the baby's birth.
**If the baby is in the process of being adopted, please submit documentation confirming legal responsibility for the baby.*
- Make sure the participant signs and dates this form.
- Submit the completed and signed form and attachment to the Fund office either personally, by emailing the form to info@eibofli.com or faxing the form to (631) 434-3397 **ATTN: Medical Dept.**
- Provide a copy of the baby's birth certificate (if not previously provided) and Social Security Card within sixty (60) days of the baby's birth.

Parents

Participant's Name _____

Spouse's Name _____

Phone Number _____

Child

Name _____

Date of Birth _____

Participants Signature: _____

Date: _____

You must complete the separate form labeled “Paid Family / Medical Leave” and supply documentation showing that you received Paid Family Medical Leave, if applicable. (i.e., copies of the check stubs, showing the dates you were paid) to help reduce/prevent a Continuation of Coverage Bill and the possibility of loss of coverage.

Office use only

Participants ID No.:

Date of receipt/method

