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

Congratulations!

This form must be submitted to the Fund office within thirty **(30) days from the newborn's date of birth** in order to hold your newborn's place on the health coverage. 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.) member must sign and date this form
- Submit the completed and signed form within 30 days of the child's date of birth **with or without birth certificate and social security card**
- The fund requires a copy of the baby's birth certificate and Social Security Card within sixty (60) days of the baby's birth in order to make the child active on the plan.
- All documents can be submitted to the Fund office either personally, by emailing the documents to elizabeth@eibofli.com or faxing documents to (631) 434-3397 **ATTN: Medical Dept.** **If the baby is in the process of being adopted, please submit documentation confirming legal responsibility for the baby.*

Any questions or concerns regarding this process please contact Elizabeth directly at 631-609-3927

<u>Parents</u>		
Members Name		-
Spouse's Name		-
Phone Number	Last four digits o	of members SSN:
<u>Child</u> Name:		
Date of Birth:		
	Members Signature:	
	Da	ate:
If you are taking PMFL you <u>must</u> 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