

I.B.E.W. LOCAL 25 HEALTH & BENEFIT FUND

372 Vanderbilt Motor Parkway, Hauppauge, NY 11788-5133



NEWBORN ENROLLMENT - INSTRUCTIONS

Congratulations on your new arrival! Please follow the steps below to enroll your baby for health benefits through I.B.E.W. Local 25 Health & Benefit Fund.

STEP 1 - RETURN THE SIGNED FORM WITHIN 30 DAYS OF BIRTH

Complete page 2, then print, sign, and date the form. Return it to the Fund office within thirty (30) days of your newborn's date of birth to hold your newborn's place on the health coverage. Submit the form even if you do not yet have the birth certificate or Social Security card.

STEP 2 - PROVIDE REQUIRED DOCUMENTS WITHIN 60 DAYS OF BIRTH

The Fund requires copies of the baby's birth certificate and Social Security card within sixty (60) days of the baby's birth to make the child active on the Plan.

☐ Baby's birth certificate

☐ Baby's Social Security card

If the baby is in the process of being adopted, submit documentation confirming legal responsibility for the baby.

WHEN COVERAGE BECOMES EFFECTIVE

If the Fund receives the completed newborn registration form within 30 days of your baby's birth, coverage will be effective from the date of birth. Once we receive copies of the birth certificate and Social Security card, we will complete your baby's enrollment. Please allow a week or more after enrollment is processed for the eligibility records to update to show your baby as active.

Your baby will have the same ID number as the participant and may attend appointments while enrollment is pending. Claims will be held and paid once all required documents have been received and enrollment is completed, subject to the Plan's benefits and coverage rules.

HOW TO SUBMIT YOUR FORM AND DOCUMENTS

Mail or deliver in person: I.B.E.W. Local 25 Health & Benefit Fund, 372 Vanderbilt Motor Parkway, Hauppauge, NY 11788-5133.

Email: elizabeth@eibofli.com | Fax: (631) 434-3397, ATTN: Medical Dept.

Questions? Contact Elizabeth at 631-434-3344, extension 306, or directly at 631-609-3927.

PAID FAMILY LEAVE (PFL)

If you are taking PFL, complete the separate Paid Family Leave form and submit documentation of the leave payments, such as check stubs showing the dates you were paid. This helps reduce or prevent a Continuation of Coverage Bill and possible loss of coverage. For questions about PFL, please call the Fund office at 631-434-3344, extension 307.

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NEWBORN ENROLLMENT / REGISTRATION FORM

Type or print clearly in black ink. The participant must sign and date this form.

SECTION ONE - PARTICIPANT / PARENT INFORMATION

PARTICIPANT'S NAME	LAST FOUR DIGITS OF PARTICIPANT'S SSN
SPOUSE'S NAME	PARTICIPANT'S PHONE NUMBER

SECTION TWO - NEWBORN INFORMATION

CHILD'S NAME	DATE OF BIRTH
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SECTION THREE - NEWBORN'S OTHER HEALTH COVERAGE

Is your newborn enrolled in, or will your newborn be enrolled in, another health plan, including coverage through the other parent? ☐ Yes ☐ No

If yes, provide available details below and insurance cards when available. If no, go to Section Four.

Type of coverage: ☐ Medical ☐ Dental ☐ Vision ☐ Pharmacy

Medicaid plan? ☐ Yes ☐ No

Medicare plan? ☐ Yes ☐ No

NAME OF OTHER INSURANCE		POLICY NUMBER	
EFFECTIVE DATE	TERMINATION DATE	POLICYHOLDER	RELATIONSHIP TO POLICYHOLDER

Do you plan to terminate this other insurance? ☐ Yes ☐ No

Attach a termination letter if ending other coverage. For additional policies, attach a sheet with the same information and the participant's name.

SECTION FOUR - PARTICIPANT SIGNATURE

Participant signature: _____ Date: _____

OFFICE USE ONLY

Participant ID No.: _____ Date of receipt / method: _____