

**SHEET METAL WORKERS LOCAL NO. 110  
HEALTH FUND  
609 THIRD AVENUE  
CHESAPEAKE, OH 45619**

800/296-5160 \* Fax 740/867-4300

**ADMINISTRATION OFFICE INFORMATION FORM**

Please complete and return to the above address as soon as possible. Copies of birth certificates and/or marriage certificates must be submitted with this enrollment sheet if adding new dependents.

Employee Social Security No.	Employee Last Name	Employee First Name		M.I.
Home Phone Number ( )	Street Address	City, State, Zip Code		
Sex ( ) M ( ) F	Date of Birth	Marital Status	Date of Current Marriage	
Do you currently have other health coverage? ( ) No ( ) Yes	If Yes, Carrier Name and Address:	Policy Number	Effective Date	Medicare ( ) A → ( ) B →

**Provide the following information for all persons to be covered**

Full Name	Sex M/F	Date of Birth MM/DD/YY	Indicate Yes or No for each item		Carrier (Include Medicare)
			Full Time Student	Other Health Coverage	Employer (If Applicable)
Spouse					
<b>DON'T FORGET TO ATTACH MARRIAGE BIRTH CERTIFICATES IF APPLICABLE</b>		Soc. Sec. No.			
1. Dependent					
Relationship		Soc. Sec. No.			
2. Dependent					
Relationship		Soc. Sec. No.			
3. Dependent					
Relationship		Soc. Sec. No.			
4. Dependent					
Relationship		Soc. Sec. No.			
5. Dependent					
Relationship		Soc. Sec. No.			

EMPLOYEE'S JOB CLASSIFICATION (Jrn, App, I.Wrk, Res) \_\_\_\_\_

DESIRED TYPE OF COVERAGE PLAN WITH HUMANA \_\_\_\_\_

Verification of student status is required for each child from age 19 through 25 each September and January. Forms may be obtained from the Administration Office. Claims processing will be delayed without this form.

For any child who is your natural child but is not born of a valid marriage and who does not reside with you, please submit a copy of the Court Decree relating to the responsibility for medical benefits. We would also need documentation regarding the responsibility of any step-child you include on the Fund.

Employee Signature	Date
--------------------	------

**Please Read Information Below:**

**Insurance Update Sheet**

**Mail this update sheet and a copy of the Certificate it pertains to the address on the Update Sheet**

Use for the following:

**Adding or Removing a participant**

**Marriage: Include a Copy of your Marriage Certificate**

**Divorce: Include a Copy of the Divorce Decree, signed by the Judge**

**Birth of a Child: Include a Copy of the Birth Certificate**

**Death of a Participant: Include a copy of the Death Certificate**

**Adoption of a Child: Include a copy of the Adoption Record**

**Student (in College or University): Add a copy of the Student Verification Form filled out and signed by the Registrar's Office  
(This can be found under this forms TAB also)**