

# ALASKA LABORERS TRUST FUNDS

## ENROLLMENT FORM

LOCAL NO. \_\_\_\_\_

PLEASE PRINT

A COMPLETED ENROLLMENT FORM MUST BE ON FILE IN THE ADMINISTRATION OFFICE FOR YOU AND YOUR DEPENDENTS **BEFORE ANY CLAIMS CAN BE PROCESSED**. *It is necessary to attach copies of your marriage certificate to enroll your spouse, and birth certificates for any children you wish to cover.* SEE THE NEXT PAGE FOR DEFINITION OF ELIGIBLE DEPENDENTS.

<input type="checkbox"/> New Member	<input type="checkbox"/> Name Change _____ previous name	<input type="checkbox"/> Change Dependent(s)	<input type="checkbox"/> Address Change
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NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	SEX	BIRTHDATE (Mo/Day/Year)	RELATIONSHIP to SUBSCRIBER	Check if Step or Foster Child
Member				Self	
Mailing Address (Street or PO Box, City, State, Zip Code)		Phone Number			
Spouse (attach copy of marriage certificate)				Spouse	
Eligible Dependents (attach copies of birth certificates)					

1. Are you, your spouse, or other dependents covered by any other group medical, dental or vision plan?

Yes  No If "yes," please provide the information below.

\_\_\_\_\_  
Name of Subscriber with Other Coverage Soc. Sec. No. Policy or I.D. Number

\_\_\_\_\_  
Name and Address of other Insurance Company City State Zip

2. Insurance covers:  Subscriber  Spouse  Children 3. Coverage includes:  Medical  Dental  Vision

 Beneficiary Change

### BENEFICIARY DESIGNATION

**If you select an ineligible beneficiary or do not designate a beneficiary, your death benefit(s) will be paid in the order of preference outlined in the Retirement Plan booklet or the Health and Security Plan policy.**

#### HEALTH AND SECURITY PLAN (You may select anyone.)

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

#### PENSION PLAN - LUMP SUM DEATH BENEFIT (You may select anyone.)

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

#### PENSION PLAN - DEATH BENEFIT - SURVIVING SPOUSE

"The Alaska Laborers-Employers Retirement Plan requires that, upon your death, your vested retirement benefit shall be paid to your surviving spouse. If you do not designate your spouse as your beneficiary and she/he is still alive at the time of your death, she/he may have a right to some of your benefits depending upon the laws in the state in which you live."

If not married, indicate your beneficiary (You may select anyone.)

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

I hereby certify that the above information is true, correct and complete to the best of my knowledge. **ATTACHED ARE TRUE COPIES OF OUR APPROPRIATE MARRIAGE CERTIFICATES, BIRTH CERTIFICATES, COURT-APPROVED ADOPTION OR LEGAL GUARDIANSHIP DOCUMENTATION.** The above information will be used to determine eligibility for claim/benefit purposes. I am aware of the following, "A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony." (Alaska Insurance Code Section 21.36.380)

\_\_\_\_\_  
Signature (must be signed by participating member)\_\_\_\_\_  
Spouse Signature\_\_\_\_\_  
Date

## **NOTICE**

Please be advised that this form **MUST** be signed by the participating Member for beneficiary designations to be valid.

### **DEFINITION OF DEPENDENT ELIGIBILITY**

Dependent eligibility is determined by your hours worked. Check with the Administration Office if you have questions on eligibility.

Your eligible dependents are your legal spouse and any child under age twenty-six (26). The eligible dependent child must also meet one of the following criteria:

1. A covered participant's natural child as shown on the birth certificate.
2. Legally adopted child:

A minor child placed with you for the purpose of legal adoption will be covered from the moment the child is placed in your custody.

The child's coverage will continue until the earlier of:

- the day the child is removed from your custody prior to legal adoption; or
  - the day coverage would otherwise end in accordance with the plan provisions.
3. A child for whom the participant has a court order establishing a legal obligation for coverage.
  4. A natural or adopted child of the spouse of a covered participant.