



Carpenters Southwest Administrative Corporation

ADMINISTRATIVE OFFICE: 533 S Fremont Ave. • Los Angeles, CA 90071-1706 • Tel: (213) 386-8590 • Toll Free (800) 293-1370

www.carpenterssw.org

ENROLLMENT CHANGE NOTICE

Check One: Active ___ Retired ___ Local No. _____

Carpenter's Name _____
Last First M.I.

Home Phone (____) _____
Area Code

Current Address _____
City, State, Zip _____

Social Security No. _____
Date of Birth _____

If this is a new address, check here _____

If you are adding or deleting your spouse, show date of marriage or divorce and include a copy of your certified marriage certificate or divorce decree. _____

Date of marriage or divorce

If you are adding dependent children, please include the appropriate documents:

- Page 1 and signature page (or certificate of electronic filing) of your most current Federal Income Tax return as filed with the IRS listing the social security numbers of your dependents.
- For your overage dependents between the ages of 19 and up to their 23rd birthday and attending school: a completed student verification form for each child. This form can be obtained from the Administrative office or website.
- For your children: submit a copy of their certified birth certificate. We will accept a copy of hospital birth certificate for newborn only for 90 days.
- For your adopted or foster children: a certified copy of the adoption documents or Court order showing your legal responsibility for each child.

Name Change: From: _____ To _____

Add	Drop	Last Name	First Name	M.I.	Social Security No.	Spouse	Son	Daughter	Date of birth

NOTE: FOR RETIRED CARPENTERS COVERAGE, A SPOUSE AND/OR DEPENDENT MUST BE ENROLLED WITHIN 30 DAYS FROM THE TIME THE SPOUSE AND/OR DEPENDENT IS ESTABLISHED AS A MEMBER OF THE FAMILY. BECAUSE OF THIS ENROLLMENT CHANGE, YOUR MONTHLY SELF CONTRIBUTIONS MAY CHANGE.

OTHER COVERAGE INFORMATION: Including yourself, do any of the persons listed above have other coverage? Yes No

Name of Insured

Insurance carrier name and address

Policy/Group No.

Member Signature

Date signed

SOUTHWEST CARPENTERS TRUST OFFICE USE ONLY

MEDICAL PLAN _____	GROUP NUMBER _____	EFFECTIVE DATE _____
DENTAL PLAN _____	GROUP NUMBER _____	EFFECTIVE DATE _____

Arizona
Satellite Office
4547 W. McDowell Rd. Ste. 6
Phoenix, AZ 85035-4124
(602) 352-6805

Nevada
Satellite Office
980 Kelly Johnson Dr., Ste. 180
Las Vegas, NV 89119-3722
(702) 851-4510 • (800) 501-0210

New Mexico
Satellite Office
3900 A Pan American Freeway, NE Ste. 120
Albuquerque, NM 87107-4747
(505) 266-8869