Carpenters Southwest Administrative Corporation

LOS ANGELES ADMINISTRATIVE OFFICE: 533 S Fremont Ave .• Los Angeles, CA 90071-1706 • Tel: (213) 386-8590 • Toll Free (800) 293-1370
LAS VEGAS ADMINISTRATIVE OFFICE: 980 Kelly Johnson Dr., Ste.180 • Las Vegas, NV 89119-3722 • Tel: (702) 851-4510 • Toll Free (800) 501-0210
www.carpenterssw.org

ENROLLMENT CHANGE NOTICE

Check One: Active ___ Retired___ Local No. _____

Carpenter's Name _____ Home Phone (____) _____
Last First M.I. Area Code

Current Address _____ Social Security No. _____

City, State, Zip _____ 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:

- 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 _____