



Mail: P.O. Box 4100 Concord, CA 94524-4100
 Telephone: (800) 552-2400
 Facsimile: (925) 746-7549
www.ufcwtrust.com

DOCUMENTATION SPECIFICATIONS

UEBT ACTIVE

FORM 7

INSTRUCTIONS TO ADD, CHANGE, OR REMOVE COVERAGE FOR DEPENDENTS, A COPY OF THE FOLLOWING DOCUMENTATION IS REQUIRED (PLEASE NOTE ORIGINAL DOCUMENTS WILL NOT BE RETURNED.)

TO ADD A DEPENDENT

DOCUMENTATION REQUIREMENT		TIMELINE REQUIREMENT
SPOUSE: <ul style="list-style-type: none"> COUNTY ISSUED MARRIAGE CERTIFICATE AND ONE OF THE FOLLOWING: PAGE 1 OF YOUR MOST RECENTLY FILED FEDERAL TAX RETURN WITH YOUR SPOUSE LISTED OR ACKNOWLEDGMENT OF YOUR TAX EXTENSION (FORM 4868) (PLEASE COVER UP FINANCIAL INFORMATION) RECENT (WITHIN 60 DAYS) RECURRING HOUSEHOLD BILL OR ACCOUNT STATEMENT LISTING YOUR SPOUSE'S NAME AT YOUR ADDRESS 	SPOUSE OR DOMESTIC PARTNER <ul style="list-style-type: none"> STANDARD MEMBER = DOCUMENTATION MUST BE SUBMITTED WITHIN 31 DAYS OF QUALIFYING EVENT ULTRA MEMBER = WITHIN 90 DAYS OF QUALIFYING EVENT PREMIER MEMBER = WITHIN 90 DAYS OF QUALIFYING EVENT (60 DAYS FOR HMO ENROLLMENT) 	
DOMESTIC PARTNER: <ul style="list-style-type: none"> CERTIFICATE OF REGISTRATION OF DOMESTIC PARTNERSHIP (CRDP) ISSUED BY THE CALIFORNIA SECRETARY OF STATE AND: RECENT (WITHIN 60 DAYS) RECURRING HOUSEHOLD BILL OR ACCOUNT STATEMENT LISTING YOUR DOMESTIC PARTNER'S NAME AT YOUR ADDRESS 		

NEWBORN CHILD: <ul style="list-style-type: none"> COUNTY-ISSUED BIRTH CERTIFICATE <p><i>NOTE: If you do not have the County Issued Birth Certificate by stated deadlines, submit the Hospital Issued Birth Certificate and proof that you applied for your child's County Birth Certificate within 60 days of the date of birth (for both PPO or HMO) for six months of temporary coverage beginning at date of birth. The County Issued Birth Certificate must be received by the Trust Fund Office no later than 6 months after the date of birth.</i></p>	NEWBORN CHILD <ul style="list-style-type: none"> STANDARD/ULTRA MEMBER = WITHIN 90 DAYS OF DATE OF BIRTH PREMIER MEMBER = WITHIN 90 DAYS OF DATE OF BIRTH (60 DAYS FOR HMO ENROLLMENT)
--	---

NATURAL CHILD: <ul style="list-style-type: none"> COUNTY-ISSUED BIRTH CERTIFICATE 	CHILD DEPENDENT <ul style="list-style-type: none"> STANDARD/ULTRA MEMBER = WITHIN 90 DAYS OF QUALIFYING EVENT OR DATE OF PLACEMENT (FOSTER/ADOPTION) PREMIER MEMBER = WITHIN 90 DAYS OF QUALIFYING EVENT (60 DAYS FOR HMO ENROLLMENT) OR DATE OF PLACEMENT (FOSTER/ADOPTION)
STEPCHILD: <ul style="list-style-type: none"> COUNTY-ISSUED BIRTH CERTIFICATE PLUS: COUNTY-ISSUED MARRIAGE CERTIFICATE WITH NATURAL PARENT 	
ADOPTED CHILD: <ul style="list-style-type: none"> COURT ADOPTION PAPERS 	
FOSTER CHILD: <ul style="list-style-type: none"> FOSTER HOME LICENSE PLUS: LEGAL GUARDIANSHIP PAPERS FOR THE CHILD 	

OVERAGE DISABLED DEPENDENT: <i>(Must be renewed annually)</i> <ul style="list-style-type: none"> DISABLED OVERAGE DEPENDENT CHILD FORM GO TO WWW.UFCWTRUST.COM TO DOWNLOAD THE FORM OR CALL 1-800-552-2400 PROOF OF CURRENT SOCIAL SECURITY DISABILITY AWARD LETTER PAGE 1 OF YOUR MOST RECENTLY FILED FEDERAL TAX RETURN SHOWING CHILD LISTED PLUS: ALL DOCUMENTS REQUIRED FROM ONE (1) OF THE CATEGORIES ABOVE FOR WHICH THIS CHILD BELONGS: NEWBORN CHILD, NATURAL CHILD, STEPCHILD, ADOPTED CHILD, OR FOSTER CHILD
--

TO ADD A DEPENDENT BECAUSE OF CURRENT LOSS OF COVERAGE

ANY DEPENDENT TYPE: <ul style="list-style-type: none"> ALL DOCUMENTS REQUIRED FROM ONE (1) OF THE CATEGORIES ABOVE FOR WHICH THIS DEPENDENT BELONGS: SPOUSE, DOMESTIC PARTNER, NEWBORN, NATURAL CHILD, STEPCHILD, ADOPTED CHILD, FOSTER CHILD OR OVERAGE DISABLED DEPENDENT CHILD PLUS: A HIPAA CERT OR A COBRA NOTICE TO PROVE LOSS OF COVERAGE 	ANY DEPENDENT TYPE <ul style="list-style-type: none"> LOSS OF COVERAGE = WITHIN 30 DAYS FROM LOSS OF COVERAGE
---	--

WHEN ADDING A DEPENDENT PLEASE ATTACH A COMPLETED OTHER INSURANCE INFORMATION SURVEY AND AN AUTHORIZATION TO DEDUCT FORM

TO REMOVE A DEPENDENT

DIVORCE OF SPOUSE: <ul style="list-style-type: none"> FINAL DIVORCE DECREE ENTERED WITH THE COURT
DISSOLUTION OF DOMESTIC PARTNERSHIP: <ul style="list-style-type: none"> FINAL JUDGMENT OF DISSOLUTION OR TERMINATION OF DOMESTIC PARTNERSHIP PAPERWORK
DEPENDENT DEATH: <ul style="list-style-type: none"> CERTIFIED DEATH CERTIFICATE

PLEASE MAIL YOUR DOCUMENTS TO:

UFCW & EMPLOYERS TRUST, LLC
P.O. BOX 4100
Concord, CA 94524-4100

INSTRUCTIONS TO ADD, CHANGE, OR REMOVE COVERAGE FOR DEPENDENTS, A COPY OF THE FOLLOWING DOCUMENTATION IS REQUIRED (PLEASE NOTE ORIGINAL DOCUMENTS WILL NOT BE RETURNED.)

TO ADD A DEPENDENT

	DOCUMENTATION REQUIREMENT	TIMELINE REQUIREMENT
SPOUSE:	<ul style="list-style-type: none"> COUNTY ISSUED MARRIAGE CERTIFICATE AND ONE OF THE FOLLOWING: PAGE 1 OF YOUR MOST RECENTLY FILED FEDERAL TAX RETURN WITH YOUR SPOUSE LISTED OR ACKNOWLEDGMENT OF YOUR TAX EXTENSION (FORM 4868) (PLEASE COVER UP FINANCIAL INFORMATION) RECENT (WITHIN 60 DAYS) RECURRING HOUSEHOLD BILL OR ACCOUNT STATEMENT LISTING YOUR SPOUSE'S NAME AT YOUR ADDRESS 	<p>SPOUSE OR DOMESTIC PARTNER</p> <ul style="list-style-type: none"> RETIREE MEMBER = WITHIN 90 DAYS OF QUALIFYING EVENT (60 DAYS FOR HMO ENROLLMENT)
DOMESTIC PARTNER:	<ul style="list-style-type: none"> CERTIFICATE OF REGISTRATION OF DOMESTIC PARTNERSHIP (CRDP) ISSUED BY THE CALIFORNIA SECRETARY OF STATE AND: RECENT (WITHIN 60 DAYS) RECURRING HOUSEHOLD BILL OR ACCOUNT STATEMENT LISTING YOUR DOMESTIC PARTNER'S NAME AT YOUR ADDRESS 	
NEWBORN CHILD:	<ul style="list-style-type: none"> COUNTY-ISSUED BIRTH CERTIFICATE <p><i>NOTE: If you do not have the County-Issued Birth Certificate by stated deadlines, submit the Hospital Issued Birth Certificate and proof that you applied for your child's County Birth Certificate within 60 days of the date of birth (for both PPO or HMO) for six months of temporary coverage beginning at date of birth. The County-Issued Birth Certificate must be received by the Trust Fund Office no later than 6 months after the date of birth.</i></p>	<p>NEWBORN CHILD</p> <ul style="list-style-type: none"> RETIREE MEMBER = WITHIN 90 DAYS OF DATE OF BIRTH (60 DAYS FOR HMO ENROLLMENT)
NATURAL CHILD:	<ul style="list-style-type: none"> COUNTY-ISSUED BIRTH CERTIFICATE 	<p>CHILD DEPENDENT</p> <ul style="list-style-type: none"> RETIREE MEMBER = WITHIN 90 DAYS (60 DAYS FOR HMO ENROLLMENT) FROM QUALIFYING EVENT OR DATE OF PLACEMENT (FOSTER/ADOPTION)
STEPCHILD:	<ul style="list-style-type: none"> COUNTY-ISSUED BIRTH CERTIFICATE PLUS: COUNTY-ISSUED MARRIAGE CERTIFICATE WITH NATURAL PARENT 	
ADOPTED CHILD:	<ul style="list-style-type: none"> COURT ADOPTION PAPERS 	
FOSTER CHILD:	<ul style="list-style-type: none"> FOSTER HOME LICENSE PLUS: LEGAL GUARDIANSHIP PAPERS FOR THE CHILD 	
OVERAGE DISABLED DEPENDENT: <i>(Must be renewed annually)</i>	<ul style="list-style-type: none"> DISABLED OVERAGE DEPENDENT CHILD FORM <i>GO TO WWW.UFCWTRUST.COM TO DOWNLOAD THE FORM OR CALL 1-800-552-2400</i> PROOF OF CURRENT SOCIAL SECURITY DISABILITY AWARD LETTER PAGE 1 OF YOUR MOST RECENTLY FILED FEDERAL TAX RETURN PLUS: ALL DOCUMENTS REQUIRED FROM ONE (1) OF THE FOLLOWING CATEGORIES TO WHICH THIS CHILD BELONGS: NATURAL CHILD, STEPCHILD, ADOPTED CHILD, OR FOSTER CHILD 	
CHILD OF A RETIREE AGE 19 AND UNDER AGE 24 ATTENDING AN ACCREDITED SCHOOL OR COLLEGE FULL TIME:	<ul style="list-style-type: none"> IN ADDITION TO THE ABOVE REQUIREMENTS, A CHILD OF A RETIREE WHO IS AGE 19 AND UNDER AGE 24 MUST SUBMIT ONE OF THE FOLLOWING: UEBT RETIREE HEALTH PLAN STUDENT CERTIFICATION FORM AND STUDENT REGISTRATION CARD OR REGISTRAR SIGNATURE <i>ON THE</i> UEBT RETIREE HEALTH PLAN STUDENT CERTIFICATION FORM 	<p>STUDENT DEPENDENT</p> <ul style="list-style-type: none"> RETIREE MEMBER= WITHIN 60 DAYS FROM THE START OF THE SEMESTER / QUARTER.

TO ADD A DEPENDENT BECAUSE OF CURRENT LOSS OF COVERAGE

ANY DEPENDENT TYPE:	<p>ALL DOCUMENTS REQUIRED FROM ONE (1) OF THE CATEGORIES ABOVE FOR WHICH THIS DEPENDENT BELONGS: SPOUSE, DOMESTIC PARTNER, NEWBORN, NATURAL CHILD, STEPCHILD, ADOPTED CHILD, FOSTER CHILD OR OVERAGE DISABLED DEPENDENT CHILD</p> <ul style="list-style-type: none"> PLUS: A HIPAA CERT OR A COBRA NOTICE TO PROVE LOSS OF COVERAGE 	<p>ANY DEPENDENT TYPE</p> <ul style="list-style-type: none"> LOSS OF COVERAGE = WITHIN 30 DAYS FROM LOSS OF COVERAGE
----------------------------	--	--

WHEN ADDING A DEPENDENT PLEASE ATTACH A COMPLETED OTHER INSURANCE INFORMATION SURVEY AND AN AUTHORIZATION TO DEDUCT FORM

TO REMOVE A DEPENDENT

DIVORCE OF SPOUSE:	<ul style="list-style-type: none"> FINAL DIVORCE DECREE ENTERED WITH THE COURT
DISSOLUTION OF DOMESTIC PARTNERSHIP:	<ul style="list-style-type: none"> FINAL JUDGMENT OF DISSOLUTION OR TERMINATION OF DOMESTIC PARTNERSHIP PAPERWORK
DEPENDENT DEATH:	<ul style="list-style-type: none"> CERTIFIED DEATH CERTIFICATE

PLEASE MAIL YOUR DOCUMENTS TO:

UFCW & EMPLOYERS TRUST, LLC
P.O. BOX 4100
Concord, CA 94524-4100