

SEIU HEALTH & WELFARE FUND ENROLLMENT/WAIVER FORM

SEIU Local 26 Retail Janitors

FIRST NAME: _____ LAST NAME: _____

SSN: _____ - _____ - _____ DATE OF BIRTH: ____/____/____ SEX: MALE FEMALE

HOME STREET ADDRESS/APT #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NAME OF EMPLOYER: _____

EMPLOYEE NUMBER: _____ DATE OF HIRE: _____

Children for enrollment – Eligible children include child by birth or legal adoption that are age 26 or younger.

| FIRST NAME | LAST NAME | DOB | SSN | RELATIONSHIP (Circle one) |
|------------|-----------|-----|-----|------------------------------|
| | | | | Son Daughter |
| | | | | Son Daughter |
| | | | | Son Daughter |

- I **DO NOT** want to enroll in the health insurance plan. I understand that I am waiving this coverage and that I will not be able to enroll until the next open enrollment period or unless I have a qualifying event.
- I want to enroll in the health insurance plan for **MYSELF ONLY**. I authorize my employer to process my payroll deduction (according to the CBA between my employer and the SEIU local 26). I understand that I cannot drop coverage until the next open enrollment period or unless I have a qualifying event.
- I want to enroll in the health insurance plan for **MYSELF AND MY ELIGIBLE CHILDREN** listed above. I authorize my employer to process my payroll deduction (according to the CBA between my employer and the SEIU local 26). I understand that I cannot drop coverage until the next open enrollment period or unless I have a qualifying event.

Signature

Date

By signing this form, I attest that all information provided is true and correct