

**GCC/IBT LOCAL 14-M HEALTH AND WELFARE PLAN  
ENROLLMENT/CHANGE FORM**  
(Please print clearly and sign page 2)

New Enrollment  
 Add/Remove Dependent  
 Change of Address/Name Change  
 Open Enrollment (1/1)

I. SSN: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Apt. No: \_\_\_\_\_  
City: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Job Title: \_\_\_\_\_

II. EMPLOYER: \_\_\_\_\_  
Check One:  Bindery  Lithograph  Packaging  Non-Union

III. COVERAGE AVAILABLE (90 days from date of hire): Medical (Aetna HMO); Rx (BeneCard); Dental (Delta Dental); Vision (NVA)

Choose one - (NOTE: Please make sure you understand the differences between the Plans before choosing one.)

- Plan A Deductible - \$0  
Maximum Out of Pocket (MOOP): Medical - Single \$1,000/Other \$2,000; Rx - Single \$1,000/Other \$2,000  
Weekly Payroll Deduction -  Single - \$64.60  2 Party - \$82.34  3 Party or more - \$90.43
- Plan B Deductible - \$2,500 Single/\$5,000 Other  
Maximum Out of Pocket (MOOP): Medical - Single \$5,850/Other \$11,700; Rx - Single \$1,000/Other \$2,000  
Weekly Payroll Deduction -  Single - \$39.53  2 Party - \$50.38  3 Party or more - \$55.33

Check Coverage Level:  Employee  Employee + Spouse  Employee + Child  Employee + Children  Family

IV.  ADD DEPENDENT\* - EFFECTIVE DATE: \_\_\_\_\_ (check reason below)

- Marriage (must provide copy of Marriage License)  
 Birth of Child (must provide copy of Birth Certificate)  
 Loss of insurance coverage (Must provide proof of loss of coverage)  
 Other: \_\_\_\_\_  
 Open Enrollment (JANUARY 1<sup>ST</sup> ONLY)

REMOVE DEPENDENT - EFFECTIVE DATE: \_\_\_\_\_ REASON: \_\_\_\_\_ (provide the following document relating to the event - divorce [divorce decree], death [death certificate], other coverage [proof of other coverage])

\*NOTE: Your eligible dependent includes your spouse or your children from birth to the end of the month they turn 26. Your adult dependents are not required to live with you, to depend on you for support, to be unmarried, or to maintain full-time student status.

**IMPORTANT** - Any newly acquired dependents (marriage, birth of child, adoption, etc.) are eligible for coverage under the Plan on the date they are acquired, provided that you furnish a completed application to the Plan Administrator within 30 days following the event. You must also provide a marriage certificate if adding a new spouse, or a birth certificate if adding a child, adopted child or newborn. If the Enrollment/Change Form is not received within 30 days following the event, changes will not be accepted until the Plan's Open Enrollment period. Also, you may only change your coverage at the Plan's Open Enrollment period unless a "Life Event" occurs.

