

OPERATING ENGINEERS TRUST FUNDS

I.U.O.E. LOCAL 12 HEALTH & WELFARE | PENSION | VACATION | TRAINING

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WEBSITE: www.oefunds.org



Affidavit Regarding Enrollment of a Young Adult

Please complete a separate Affidavit for each Young Adult. Additional copies are available from the Fund's website at www.oefunds.org/forms/forms1.htm.

Important: You do not need to complete this Affidavit if your dependents are under age 19 anytime during the 2011 calendar year.

1. I, the undersigned, am a participant in the Operating Engineers Health & Welfare Fund (the "Plan").
2. I have been informed by the Plan that, effective July 1, 2011, the Plan offers coverage to participants' Young Adults up to age 26, regardless of whether he/she is:
 - a student, married or unmarried
 - a tax dependent of the participant
 - covered or eligible to be covered under another parent's employer group health plan

In order to receive such coverage, Young Adults who are between the ages of 19 and 26, cannot be eligible to enroll in or purchase health coverage through an employer or their spouse's employer, regardless of the costs of that coverage or the benefits that it provides.

If the Young Adult is married, coverage will not be extended to his/her spouse or children.

3. I understand there is a special enrollment period, June 9, 2011 through July 8, 2011 for Young Adults who attain age 19 and have not yet attained age 26 during the 2011 calendar year and:
 - Were not previously covered under the Plan due to reaching a limiting age, or
 - Were formerly covered in the Plan but lost coverage due to reaching a limiting age, or
 - Will be enrolled in the Plan's continuation coverage under COBRA on July 1, 2011.

4. I request to enroll the following Young Adult:

Name of Young Adult: _____

Date of Birth: _____

Social Security #: _____

Mailing Address: _____

5. I understand I must return a certified copy of my Young Adult's recorded birth certificate with the completed Affidavit.
6. I understand that if the Plan does not receive this signed Affidavit and a certified copy of my Young Adult's recorded birth certificate by July 8, 2011 (for coverage effective July 1, 2011), coverage will not begin until the first day of the month following receipt of these required documents.

Certification of Participant:

By signing this form, I agree:

- If I apply for or continue coverage for anyone who is not eligible under the Plan or if I fail to notify the Plan of my Young Adult's eligibility for other employer coverage, this may be considered fraud or intentional misrepresentation and coverage may be rescinded or terminated to the extent permitted by law.
- I will be liable for all claims presented and paid by the Plan on behalf of my ineligible Young Adult.

Name of Participant (print): _____

Participant's OEID # or Social Security #: _____

Signature of Participant: _____

Date: _____

Certification of Young Adult (child):

I hereby swear I am not eligible to enroll or have access to health insurance coverage through an employer (other than a plan of another parent), such as coverage available through my employer or, if applicable, my spouse's employer.

Name of Young Adult (print): _____

Signature of Young Adult: _____

Date: _____

