

Southern California Dairy Industry Security Trust Fund Group Insurance Enrollment Form

Name of Employee Social Security Number

Address City State Zip Code

Date of Birth Telephone Sex M F (circle one)

Marital Status: Married Domestic Partnership Single/Unmarried (circle one)

Employer Date of Hire

DEFINITION OF ELIGIBLE DEPENDENTS

- I. Your legal spouse (if not legally separated)
- II. Your unmarried children who are incapable of self-support because of mental or physical incapacities prior to reaching age 19.
- III. Your unmarried children up to age 26
- IV. Your step-children and **legally** adopted children if they reside with you.
- V. **Qualified Domestic Partner – same sex if over age 62 and eligible under Title XVI of the Social Security Act. Children of a Domestic Partner are not eligible for enrollment. Unless your Domestic Partner is eligible as your dependent under the Internal Revenue Code, the benefits provided for your Domestic Partner will be taxable.**

YOU MUST SUBMIT COPIES OF DOCUMENTATION (MARRIAGE AND/OR BIRTH CERTIFICATES) TO VERIFY AND CONFIRM THE ELIGIBILITY OF YOUR ENROLLED DEPENDENTS. YOU MUST ALSO PROVIDE THE SOCIAL SECURITY NUMBER FOR EACH ENROLLED DEPENDENT.

LIST NAME OF SPOUSE/DOMESTIC PARTNER AND ALL CHILDREN (as defined above):

	LAST NAME	FIRST NAME	SEX	RELATIONSHIP**	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1.						
2.						
3.						
4.						
5.						
6.						

I certify that the above information is true and correct. I also understand that the Trust Fund requires proof of birth of my children, marriage certificate for my spouse and/or proof of domestic partnership when this Enrollment Form is submitted.

Date Signed Signature of Employee

Fund Administrative Office:
13191 Crossroads Parkway North, Suite 205
City of Industry, CA 91746-3434