

**CONSTRUCTION INDUSTRY WELFARE FUND ROCKFORD, ILLINOIS
YOUNG ADULT INSURANCE COVERAGE INFORMATION**

MEMBER INFORMATION (To be completed by employee and young adult)

Construction Industry Welfare Fund of Rockford, Illinois Member's Name: _____ SSN# _____

Young Adult's Name: _____ SSN# _____

Is Young Adult Employed: YES _____ Member and young adult to sign below and continue on to Part II.
NO _____ Member to sign below and return form.

Member's Certification: I certify that the above information is correct and that I understand my responsibility to notify you of any changes. I understand that if my young adult is eligible to participate in his or her employer-sponsored group health insurance plan, then the young adult must elect the employer's Plan. You must inform us if the young adult elects his or her employer-sponsored group health insurance plan.

Construction Industry Welfare Fund of Rockford, Illinois Member's Signature _____ Date _____

Young Adult's Authorization to Release Information: I hereby authorize my employer to release the information requested below to the Construction Industry Welfare Fund of Rockford, Illinois or its claims administrator, for the sole purpose of ascertaining eligibility for enrollment in my employer-sponsored plan.

Young Adult's Signature _____ Date _____

PART II INFORMATION ON YOUNG ADULT'S PLAN (To be completed by young adult's employer)

Your Employee's Name _____
Last, First, MI

MEDICAL
YES NO

DENTAL
YES NO

Is employee eligible for your employer-sponsored group health insurance plan? _____

Is this employee currently enrolled in your plan? _____

If employee is NOT currently enrolled in your plan, when will the employee be eligible to enroll in the plan? _____
Month/Day/Year

Comments: _____

Employer Name/ _____ Insurance Carrier Name/ _____

Address: _____ Address: _____

Telephone: _____ Policy #: _____

Group #: _____

Completed by: _____
Signature _____ Date _____

Signature _____ Date _____

Return form to Group Administrators, Ltd., 1322 East State Street, Suite 300; Rockford, IL 61104
Questions? Call GAL at (815) 399-0800 Fax (847) 519-1979.