

# UA Local 190 Health and Welfare Plan Member Change Authorization

## A. Member Information

Name: Last	First	Middle	Social Security No.
Member Address:	Street	City	State
<input type="checkbox"/> check if this is a new address			

## B. Change Information

*Complete only the sections that apply to the change(s) you wish to make.*

1. **Change Coverage Type to:**  
 Employee Only   
  Employee & Spouse   
  Employee & Child   
  Family

2. **Add/Delete Dependents:** List each dependent you want added to, removed from, your coverage. (Use a second Change Authorization Form if necessary)

**Important:** In last column, check "yes" only if other group health insurance will remain in effect

Check One	Add	Delete	First Name Middle Last (if different)	Sex M/F	Relationship to Member *	Date of Birth Mo Day Yr	Social Security Number	Totally Disabled	Enrolled in Medi- care	Enrolled in other Group Coverage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00 Applicant		<b>SELF</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01 Spouse					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 Child					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Child					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Child					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Child					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 Child					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* If stepchild please complete Part C on Page 2

**Medicare Information:** If you or any dependents checked YES to being enrolled in Medicare, please give the following information and attach copy of Medicare card:

Name	Medicare No.	Part A / Part B Eff. Date	Reason for Medicare Eligibility

**Disability Information:** If you or any dependents checked YES to being Totally Disabled, please give the following infor-

Name	Describe Disability

**3. Change Name**

From:	Last	First	Middle	To:	Last	First	Middle
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**4. Reason for Change(s)** (check all that apply)

- Member's Marriage       Member's Divorce       Enrollment in Medicare       Adding Newborn Child
- Child reached dependent age limit       Disenrollment in Medicare       Child's Marriage
- Adoption/ legal custody of child  
(attach required legal documents)       Retirement       Death

Other:

**C. Stepchild Questions**

**If you have listed a step child as a dependent for insurance eligibility purposes, please answer the following questions and attach copies of adoption/guardian papers or court order.**

1. What percentage of the child's annual support do you contribute? \_\_\_\_\_ %
2. Does the child live in your home full time?     Yes     No
3. Do you claim the child on your federal income tax return as a dependent?     Yes     No

**D. Certification**

I Certify that the above information contained in this form is correct to the best of my knowledge and belief.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Member Signature Date