



Pipeline Industry Benefit Fund
Special Open Enrollment

Adding 19 to 26 Year Old Dependents To Your PIBF Coverage

Pursuant to the Patient Protection and Affordable Care Act (PPACA) which was signed into Law on March 23, 2010 your adult children between the ages of 19 and 26 can be added to your PIBF Health Plan. Coverage is not automatic; you must complete this form and return to the PIBF office.

Eligibility Requirements:

- Adult children ages 19-26 who are not currently eligible for employer-sponsored health insurance and meet the definition of an eligible dependent below:
- A natural child,
- A step-child,
- A child legally adopted.
Any adult child of a member ages 19-26 can be enrolled, regardless of whether he/she:
- Qualifies as the member's tax dependent,
- Is a full-time student, or
- Is married.
Dependent children from ages 19 - 26 who were previously removed from the member's coverage as long as he/she has not turned 26.

An adult dependent child's coverage under the PIBF health plan will terminate on the last day of the month in which they turn 26 years old.

Adult children who have employer sponsored health insurance available to them, a child or a spouse of a member's adult child cannot be added.

DEADLINE FOR OPEN ENROLLMENT: DECEMBER 15th

Open Enrollment for 19 to 26 year old adult children will occur every November 1 - December 15 for coverage beginning January 1st of the following year

Section (A) Member Info

Name Member ID NO.

Member Contact Phone:

Section (B) Dependent Info

ALL information MUST be completed in order to add your dependent to your healthcare coverage. NOTE: You will need to provide the PIBF office with a copy of your adult child's birth certificate in order to establish the parent/child relationship. If the adult child is employed, please provide the name and phone number of the employer. If the adult child's address differs from yours, please provide the complete address on the reverse side of this form.

CHILD'S NAME (LAST/FIRST/MI) SEX (M/F) RELATIONSHIP DATE OF BIRTH SOCIAL SECURITY NO EMPLOYER NAME/PHONE NUMBER

Table with 6 columns: CHILD'S NAME (LAST/FIRST/MI), SEX (M/F), RELATIONSHIP, DATE OF BIRTH, SOCIAL SECURITY NO, EMPLOYER NAME/PHONE NUMBER. The table contains 5 empty rows for data entry.

Signature: I hereby certify that my dependent meets all of the above requirements for eligibility as an adult child. I also certify that this information is true and correct and is being provided for the purpose of securing health insurance benefits for my adult child and I agree to notify PIBF promptly of any changes in my adult child's status. I further acknowledge that any false or misleading statement herein may affect eligibility for benefits to the extent otherwise permitted by law. Member Signature Date