

**CONTRACTORS, LABORERS, TEAMSTERS AND ENGINEERS
HEALTH & WELFARE PLAN**
10334 Ellison Circle, Omaha, NE 68134

Enrollment Form

Re: Dependent Coverage – Young Adults

The CLT&E medical plan allows dependent children to receive coverage under the plan through the age of 25 as required by the provisions of the Patient Protection and Affordable Care Act. This coverage is provided regardless of residency, student status, marital status or other employment related coverage. If this situation applies to you and your dependent, you may enroll your young adult dependent by completing the following.

If this is the first time your dependent has enrolled in this plan, please be sure to submit a copy of his/her birth certificate and social security card.

Member's Name: _____

Member's Social Security Number: _____

Dependent Name: _____

- is electing coverage under the CLT&E benefit plan.
- No other coverage applies for this dependent.
- Dependent is also covered with his/her employer.
- Dependent is also covered with his/her other parent's plan.

Please identify any other insurance coverage that may apply: (CLT&E would be secondary to an employer sponsored plan.)

- Other insurance company name: _____
- Plan Sponsor: (i.e. Employer, Parent's Plan, etc.) _____
- Coverage Includes (Please circle all that apply): Medical Dental Vision

Signature: _____ Date: _____
(Member)