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SECTION 1 New Address

Initial

First Name

Last Name

SECTION 2

LONGSHOREMAN'S NAME: _____

REGISTRATION #: _____ LOCAL #: _____

SOCIAL SECURITY #: _____

STREET _____

CITY _____

ZIP CODE _____

STATE _____

TELEPHONE # () _____

(OPTIONAL)

4

SECTION 3 Change in marital status

Change of Name

FROM: _____ TO: _____

MARRIED (Date) _____

WIDOWED (Date) _____

DIVORCED (Date) _____

SEPARATED (Date) _____

SECTION 5

Please list new spouse, unmarried dependent children under 23 years old. TO ADD SPOUSE - Specify date of marriage and attach **copy of marriage certificate**. TO ADD CHILD - Specify exact relationship of child to longshoreman, and attach the following documents: (a) for natural child, legally adopted child or step-child (spouse's child) attach **copy of birth certificate**;

(b) for foster child, attach **evidence of county or other legal authority**; (c) for other child (such as grandchild, niece or nephew) attach **Dependent Child Verification Form** available at Local or Benefit Plans office. Note : Age limits for medical and dental coverage are specified in your Health Plan agreements.

Effective Date

Month

Year

Reason

Last Name

First Name

Initial

Add Dependents

Relationship

Spouse

Son

Daughter

Other (Specify)

Mo.

Day

Birthdate

Year

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SECTION 6 DELETE DEPENDENTS

Please provide the address of any spouse or dependent child you are deleting. The Benefit Plans office is required by law to notify dependents who lose group coverage of their right to purchase continuation coverage.

Effective Date

Month

Year

Reason

Last Name

First Name

Initial

Delete Dependents

Spouse

Son

Daughter

Other (Specify)

Relationship

Address

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SECTION 7 CERTIFICATION

****BE SURE TO ATTACH REQUIRED DOCUMENTS IF YOU ARE ADDING A NEW DEPENDENT****

When the member has completed this form, detach the yellow copy for your local files; mail the white copy promptly to ILWU-PMA Benefit Plans, 1188 Franklin Street - 3rd Floor, San Francisco CA 94109

TO THE LOCAL UNION

NOTICE

I certify that the above information is correct:

LONGSHOREMAN'S SIGNATURE

DATE