

Change in Family Status Form



Participant Contract No.

(You will find this number on your MCTWF and BCBS identification cards)

Michigan Conference of Teamsters Welfare Fund
2700 Trumbull Ave.
Detroit, Michigan 48216
313-964-2400

MCTWF requires immediate notification of individuals who are either new beneficiaries or who are no longer beneficiaries of yours. Failure to promptly notify MCTWF may result in the loss of coverage for new beneficiaries and, in the case of former beneficiaries, may result in recovery actions for benefits paid and the loss of right to COBRA continuation coverage.

Please complete, sign and return to MCTWF at the above address, or fax to 313-748-4330, or email to documents@mctwf.org. You must include the appropriate documentation, as described below, to support the type of status change noted for each beneficiary. Additional information may be required upon request from MCTWF.

Beneficiary Status Change Information						
NAME OF BENEFICIARY (LAST—FIRST—MIDDLE)	DATE OF BIRTH	TYPE OF STATUS CHANGE CODE	DATE OF STATUS CHANGE	RELATIONSHIP	GENDER	SOC. SEC. NO. OF BENEFICIARY
DEPENDENT IS ELIGIBLE FOR OTHER GROUP HEALTH PLAN COVERAGE		<input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, NAME OF OTHER GROUP HEALTH PLAN		CARD HOLDER NAME & DATE OF BIRTH		EFFECTIVE DATE (MM/DD/YY)	MEDICAL, DENTAL VISION (Circle all that apply)	
				/ /		
NAME OF BENEFICIARY (LAST—FIRST—MIDDLE)	DATE OF BIRTH	TYPE OF STATUS CHANGE CODE	DATE OF STATUS CHANGE	RELATIONSHIP	GENDER	SOC. SEC. NO. OF DEPENDENT
DEPENDENT IS ELIGIBLE FOR OTHER GROUP HEALTH PLAN COVERAGE		<input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, NAME OF OTHER GROUP HEALTH PLAN		CARD HOLDER NAME"				
FCVE OF BIRTH	EFFECTIVE DATE	MEDICAL	DENTAL	VISION (Cj gen'all that'cr r r f +		

<u>Code</u>	<u>Type of Status Change</u>	<u>Required Documentation</u>
1	Marriage	Marriage Certificate
2	Adding step children	Marriage Certificate, Birth Certificate and portion of the finalized Judgment of Divorce (when applicable), that includes names of the parties, name of child(ren), who has custody and who has financial responsibility for the child(ren)'s health care expenses.
3	Divorce	Finalized Judgment of Divorce - portion that includes names of the parties, names of children (if any), who has custody and who has financial responsibility for the child(ren)'s health care expenses
4	Death	Death Certificate
5	Birth	Birth Certificate
6	Adoption	Order of Adoption or Order Placing Child After Consent
7	Termination of spouse's insurance plan	Termination notification from spouse's group health, dental or vision insurance plan.
8	Guardianship	Judicial decree granting the guardianship.

By signing this form I certify that the information provided is complete and accurate as of the date of my signature.

Participant Name (please print)

Participant Signature

Date