

Laborers' combined funds of Western Pennsylvania

Serving the Laborers' District Council of Western Pennsylvania Pension Fund, Welfare Fund and other affiliated Funds



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PATIENT PROTECTION AND AFFORDABLE CARE ACT – ADULT CHILD COVERAGE

Eligible Employees with a child whose coverage ended, or who was denied coverage before attainment of age 26 is eligible to enroll in coverage from the Laborer's District Council of Western Pennsylvania Welfare Fund (the "Fund").

In order to provide benefits for an eligible child/stepchild ages 19 through 25, this form must be completed and returned to the Fund office. The child's eligibility will become effective the first of the month in which all needed documents are received. For more information contact the Benefits Department at the Fund Office at 412-263-0900 or toll free at 1-800-242-2538.

CHILD/STEPCHILD'S NAME:	
IF MARRIED, CHILD/STEPCHILD'S MAIDEN NAME	
CHILD/STEPCHILD'S ADDRESS	
CHILD/STEPCHILD'S SS#	DOB
IN ADDITION TO THE COMPLETION OF THIS FORM THE FUND OFFICE MUST BE PROVIDED WITH THE FOLLOWING DOCUMENTS: FOR A CHILD	
A COPY OF THE CHILD'S LONG FORM BIRTH CERTIFICATE, MUST LIST THE NAMES OF BOTH PARENTS AND THE CHILD. FOR A STEPCHILD	
A COPY OF THE STEPCHILD'S LONG FORM BIRTH CERTIFICATE, MUST LIST THE NAMES OF BOTH PARENTS AND THE CHILD. A COPY OF YOUR MARRIAGE LICENSE TO THE PARENT OF THE STEPCHILD MUST ALSO BE PROVIDED.	
MEMBER'S SS#	PHONE#
MEMBER'S SIGNATURE	DATE
*child means biological children, stepchildren and adopted children	