

Change in Dependent Information

It is your responsibility to inform the Fund of any changes in your status and/or your dependents within 30 days of the event.

Your Name: _____

Marriage

Name of Spouse to be Added: _____

Spouse Social Security #: _____
(you can call 781-769-5789 with this number if you do not wish to enter here)

Spouse Date of Birth: _____

Date of Marriage: _____

Please send a copy of marriage license to the Fund Office. Fax to 781-769-2165 or e-mail to dshanahan@local877.org

Divorce

Ex Spouse Name: _____

Date of Divorce: _____

Address of Ex-Spouse _____

Please submit a copy of Divorce Decree stating the date of divorce (full document not needed) to the Fund Office. Fax to 781-769-2165 or e-mail to dshanahan@local877.org.

Birth/Adoption

Name of Child: _____

Sex: M _____ F _____

Date of Birth: _____

Social Security Number: _____
(You can call 781-769-5789 with this number if you do not wish to enter here)

Please submit a copy of Birth Certificate to the Fund Office. Fax to 781-769-2165 or e-mail to dshanahan@local877.org.

Child No Longer Eligible for Coverage: (Your dependent may remain covered if he or she is under age 26 and is claimed as a dependent on your federal tax return. Verification is mandatory.)

Name of Child: _____

Date of Birth : _____