

LOCAL UNION 164 ENROLLMENT DEPARTMENT
425 EAGLE ROCK AVENUE – STE. 105
ROSELAND NJ 07068
973-228-4200 PHONE
973-228-4240 FAX

Date:

Member Name:

Please complete, date, and sign enclosed enrollment form, and return to above address.

- **Add a spouse –**
 - Please attach a copy of your marriage certificate.
 - If spouse has other primary insurance – please provide a copy of both primary insurance card & insurance information (effective date, medical or dental coverage, etc).
 - If spouse no longer has primary insurance – please provide termination of coverage letter.

- **Add a dependent –**
 - Please attach a copy of the birth certificate and social security card. If you do not have the Social security card, still return form and fax or mail the requested document when it is received.
 - Please send in copy of social security card for newborn baby.

- **Delete a Spouse-**
 - Please attach a copy of the divorce decree.
 - Please attach a copy of the QDRO, if applicable

- **Add Step Child/Children –**
 - Please attach copy of the previous year's tax refund
 - Please attach proof of medical coverage from biological mother/father; or
 - Please attach a notarized affidavit if biological mother/father has no medical coverage

If you have any questions, please feel free to contact this office.

Sincerely,

Fabian & Byrn, LLC
Third Party Administrator
Joint Welfare Fund, Local Union 164