UNITED STEELWORKERS
USW
USW HRA FUND

DEPENDENT CHANGE FORM

PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK

PARTICIPANT INFORMATION

Participant Name (Last, First, MI	Social Security Number	Telephone Number

DEPENDENT ADDITIONS (attach additional forms if necessary)

Dependent (Last, First, MI)	Social Security Number	Date of Birth

❑ Male ❑ Female	**Relationship:** ❑ Spouse ❑ Child/Step Child ❑ Other (specify) _____	I am adding this dependent because of the following event: ❑ Marriage ❑ Birth/Adoption ❑ Other (explain) _____	Date of Event:

Is the dependent married? ❑ Yes ❑ No | Is the dependent mentally or physically handicapped? ❑ Yes ❑ No

Is the dependent enrolled in other group health plan coverage that provides minimum value as defined under the ACA? ❑ Yes ❑ No

Dependent (Last, First, MI)	Social Security Number	Date of Birth

❑ Male ❑ Female	**Relationship:** ❑ Spouse ❑ Child/Step Child ❑ Other (specify) _____	I am adding this dependent because of the following event: ❑ Marriage ❑ Birth/Adoption ❑ Other (explain) _____	Date of Event:

Is the dependent married? ❑ Yes ❑ No | Is the dependent mentally or physically handicapped? ❑ Yes ❑ No

Is the dependent enrolled in other group health plan coverage that provides minimum value as defined under the ACA? ❑ Yes ❑ No

DEPENDENT DELETIONS (attach additional forms if necessary)

Dependent (Last, First, MI)	Social Security Number	Date of Birth

Relationship: ❑ Spouse ❑ Ex-spouse ❑ Child/Step Child ❑ Other (specify) _____

❑ Male ❑ Female	I am deleting this dependent because of the following event: ❑ Death ❑ Divorce ❑ Child no longer dependent ❑ Other (explain) _____	Date of Event:

Dependent (Last, First, MI)	Social Security Number	Date of Birth

Relationship: ❑ Spouse ❑ Ex-spouse ❑ Child/Step Child ❑ Other (specify) _____

❑ Male ❑ Female	I am deleting this dependent because of the following event: ❑ Death ❑ Divorce ❑ Child no longer dependent ❑ Other (explain) _____	Date of Event:

CERTIFICATION AND SIGNATURE

I certify that the above information is true and correct to the best of my knowledge. I understand that making false statements for the purpose of obtaining benefits is an offense punishable by law.

Participant Signature	Date

Dependents that have not been verified through the Employer must be verified through the Fund's documentation requirements. Please refer to page 2 of this form for a listing of required documents and dependent eligibility. If you have any further questions, please contact the Fund Office using the information listed below.

1101 Kermit Drive, Ste 800 · Nashville, TN 37217 · 800-251-4107
615-333-5797 (fax) · hra@uswbenefitfunds.com

Revised 01/31/2017

USW HRA FUND
DEPENDENT CHANGE FORM

You must use the Fund's *DEPENDENT CHANGE FORM* ("Form") to list dependents to be added or deleted due to marriage, divorce, birth, adoption, or other qualified circumstances. Coverage for dependents will begin on the date that a Form and the required supporting documentation are received by the Fund Office. Dependents will not be added to your account and will not become covered until such date. Newborn children must be added as dependents within 30 days of their birth in order to be covered. All individuals claiming Dependent status must be enrolled in a group health plan that provides minimum value as described under the Affordable Care Act, and the Fund must receive an attestation stating that the Dependent is enrolled in a group health plan that provides minimum value. The Attestation Form is available from the Fund Office. Please complete this Dependent Change Form and the Attestation Form and return it to the Fund Office. Failure to complete these Forms when required may result in claims' being denied for your dependents. For a more detailed discussion of the Fund's dependent eligibility requirements, please see the Fund's Summary Plan Description.

DEPENDENTS WHO MAY BE ELIGIBLE

Below is a listing of dependents who may be eligible to participate. Under each type of dependent, is a listing of the supporting documents required to be received by the Fund, in addition to this Form and the Attestation Form, before a dependent may be added.

1. **Your spouse, other than a legally separated or divorced spouse.**
    a. Copy of a valid marriage license.
2. **Dependent children* until, and including, the date of your child's 26th birthday.**
    a. **Copy of a valid birth certificate with your name listed as a parent; or
    b. Copy of a valid adoption order from a court of competent jurisdiction.
3. **Unmarried dependent children* who are incapable of self-sustaining employment by reason of mental or physical handicap, who becomes so incapable on or before the date of his or her 26th birthday.**
    a. **Copy of a valid birth certificate with your name listed as a parent; or
    b. Copy of a valid adoption order from a court of competent jurisdiction; and
    c. A notarized Affidavit of Mental or Physical Handicap. The blank copy of the required affidavit can be obtained from the Fund Office.
4. **An individual meeting the definition of "dependent" under Internal Revenue Code section 105(b).**
    a. ***Copy of your most recently filed U.S. Individual Income Tax Return.
    b. Please contact the Fund Office to determine if any additional documentation is required.

* *In addition to your biological child, a child includes your stepchild and your adopted child, including a child placed with you for adoption during any waiting period prior to finalization of the adoption.*

** *If the child is your stepchild, you must submit the child's birth certificate and a copy of your marriage certificate showing that you are married to the child's parent.*

*** *This information must be re-submitted annually as long as the dependent is eligible to participate.*

DELETEING DEPENDENTS DUE TO DEATH, DIVORCE, OR LEGAL SEPERATION

If an eligible dependent passes away, the Fund Office will need a copy of the death certificate to remove the dependent's eligibility. If you and your spouse divorce or legally separate, the Fund must have a copy of your divorce decree or separation papers to remove the spouse's eligibility. No reimbursements will be made for a spouse's medical expenses after the date of divorce or legal separation. You must refund such reimbursements back to the Fund.