MASTERS, MATES AND PILOTS PLANS

700 Maritime Boulevard, Suite A LINTHICUM HEIGHTS, MARYLAND 21090-1996

ADMINISTRATOR
-----Patrick McCullough

PERMANENT DATA FORM

TELEPHONE
(410) 850-8500

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(410) 850-8655

EMAIL
Planoffice@mmpplans.com

LAST NAME		FIRST	FIRST NAME		MIDDLE INITIAL	
ADDRESS NUMBER	& STRE	ЕТ	CITY	STATE	ZIP CODE	
SOCIAL SECURITY N	UMBER	HOME PHONE	HOME PHONE/ WORK PHONE		DATE OF BIRTH	
Membership Group (Ch	ieck One		☐ Pensioner ☐	Section of the sectio		
Email Address:			***************************************			
Dental benefits are provide	ded under	the Plan at no additional pre	emium; however, you	may opt out by che	cking this box.	
MARITAL STATUS (C * Please review instruction	ons for co	ompleting forms	ried* Divorce	3 •	Separated* 🗖	
		ST BELOW YOUR L	EGAL DEPEND	ENTS		
DEPENDENT'S FULL NAME SOC		SOCIAL SECURITY #	RELATIONSHII EMPLOYEE		ATE OF BIRTH NTH/DAY/YEAR	
- 191 1-0 - 20 - 21g - 20 - 20						
Name of Beneficiary:		1				
	Full Gi	ven Name	Relationship to Employee			
Beneficiary's SS#:	Date of Birth:					
Address of Beneficiary		4273207		v		
PLEASE PRINT	Number & Street		City	State	Zip Code	
Beneficiary Signature			<u>.</u>	Date		
Participant Signature				Date		
Witness Signature	-	SOMEONE OTHER THAN BE	NEFICIARY	Date		
Witness Address	Numbe	r & Street	City	State	Zip Code	

FORM NOT VALID UNLESS IT HAS BEEN SIGNED, WITNESSED, AND FILED WITH THE MM&P PLAN OFFICE.

Instructions for Completing Permanent Data Forms

You must complete a Permanent Data Form if you are a new Participant, if you are adding a Dependent, if your marital status changes, or if your dependent's eligibility status changes.

The following documents must be included with your completed Permanent Data Form:

Married

- If you are married a copy of your marriage certificate.
- If you are divorced or legally separated a copy of your decree.

Children

- Biological children a copy of each child's birth certificate.
- Adopted children a copy of each child's adoption papers and birth certificate.
- Stepchildren a copy of each child's birth certificate, a copy of your most recent IRS tax filing, a copy of that part of your spouse's divorce decree that assigns responsibility for the stepchild's medical care.
- Legal Guardianship a copy of each child's birth certificate, proof of legal custody awarded by a court or state agency, a copy of your most recent IRS tax filing. (Additional documentation may be required.)

Dependent Parents

Dependent Parents — a copy of your most recent IRS tax filing as proof that you claim your parent as a
dependent on your tax return. You will be required to provide proof of support of your parent(s) annually.

Your parent(s) may be covered as a dependent only if:

- 1. you do not have a spouse, you do not have natural or adopted children, or appointed legal guardianship for a child under the age of 26.
- 2. you claim your parent as a dependent on your IRS tax return, and you submit a copy of your most recent IRS tax filing as proof of support.

Additional Requirements for Adult Children (over age 18)

Biological and Adopted Children Age 19 - 26

 Your biological, adopted adult children, stepchildren, and each child you have been named the legal guardian by court order, under the age of 26 may be covered as a dependent provided you complete the Coordination of Benefits Form for Eligible Adult Children Age 19-26.

Important

- Notification Requirements
 - You must request an enrollment form from the Plan Office in writing within 60 days of an event calling for the addition of a Dependent (i.e. birth of a child, adoption of a child, named legal guardian of a child, result of marriage, or loss of other group health insurance).
- Change in Marital Status
 - If you are married and become divorced or legally separated, submit a copy of the agreement with your Permanent Data Card.
- Address changes must be in writing to the Plan Office.