

MASTERS, MATES AND PILOTS PLANS

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Executive Director

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PERMANENT DATA FORM

LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS NUMBER & STREET CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER HOME PHONE/ WORK PHONE DATE OF BIRTH

Employer Group (Check One)

- ☐ Offshore ☐ UIG - PMR ☐ AMG ☐ Pilots
☐ Pensioner ☐ UIG - GL&GMR ☐ Plan Office, MITAGS, & Union Employees

Email Address: _____

Dental benefits are provided under the Plan at no additional premium; however, you may opt out by checking this box.

MARITAL STATUS (CHECK ONE) *Single *Married *Divorced *Legally Separated

* Please review instructions for completing forms

LIST BELOW YOUR LEGAL DEPENDENTS

DEPENDENT'S FULL NAME	SOCIAL SECURITY #	RELATIONSHIP TO PARTICIPANT	DATE OF BIRTH MONTH / DAY / YEAR

Name of Beneficiary: _____

Full Given Name Relationship to Participant

Beneficiary's SS#: _____ Date of Birth: _____

Address of Beneficiary
PLEASE PRINT Number & Street City State Zip Code

Beneficiary Signature _____ Date _____

Participant Signature _____ Date _____

Witness Signature _____ Date _____

SOMEONE OTHER THAN BENEFICIARY

Witness Address
Number & 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:

Self

- Copy of your birth certificate or passport.

Married

- If you are married - a copy of your marriage certificate and a copy of your spouse's birth certificate or passport.
- 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.