



Writers' Guild-Industry Health Fund

Terence L. Young, Chief Executive Officer

DEPENDENT ENROLLMENT FORM

In order to add your spouse or dependents to your insurance policy, please submit the following documentation when returning this completed form. Please circle the appropriate relationship code below. Please use the back of this sheet if necessary. You MUST prepay a quarterly dependent premium of \$150.00 (\$600 per year) for dependent coverage to be activated.

<i>SPOUSE:</i>	A copy of the certified marriage certificate.
<i>CHILD:</i>	A copy of the certified birth certificate.
<i>ADOPTION, FOSTER CARE, OR GUARDIANSHIP:</i>	A copy of the adoption/release or guardianship placement documents.
<i>SAME SEX DOMESTIC PARTNER:</i>	A signed Affidavit of Domestic Partnership and any additional documents requested by the Administrative Office. (Please refer to the Same Sex Domestic Partner Information Packet).

Name of Participant	Address	Soc. Sec. #	DOB	Sex
---------------------	---------	-------------	-----	-----

DEPENDENT INFORMATION

First Name	MI	Last Name	SP QP CH SC AC KC QC	Soc. Sec. #	DOB	Sex
------------	----	-----------	----------------------	-------------	-----	-----

First Name	MI	Last Name	SP QP CH SC AC KC QC	Soc. Sec. #	DOB	Sex
------------	----	-----------	----------------------	-------------	-----	-----

First Name	MI	Last Name	SP QP CH SC AC KC QC	Soc. Sec. #	DOB	Sex
------------	----	-----------	----------------------	-------------	-----	-----

First Name	MI	Last Name	SP QP CH SC AC KC QC	Soc. Sec. #	DOB	Sex
------------	----	-----------	----------------------	-------------	-----	-----

Dependent Codes: **SP** (Spouse) **QP** (Qualified Domestic Partner) **CH** (Child) **SC** (Step Child) **AC** (Adopted Child)
KC (Legal Ward Child) **QC** (Child of Qualified Domestic Partner)