PWGA
Pension & Health Plans
YOUR TRUSTED GUIDE

Writers' Guild-Industry Health Fund

DEPENDENT DISENROLLMENT FORM

In order to dis-enroll a dependent from your plan, this form needs to be filled out and returned with proof documentation (if applicable) to the Fund Office at the address below. Please include the proof documentation listed below:

DIVORCE or ANULLMENT*…… **A copy of the divorce decree**

OTHER EVENT: (Coverage no longer desired, term of Foster relationship, etc.) … **Applicable documentation if available**

_____ _____

Participant Name **ID Number**

PLEASE LIST EACH DEPENDENT TO BE REMOVED FROM YOUR PLAN

First Name	Last Name	Relationship	Disenrollment Reason
First Name	Last Name	Relationship	Disenrollment Reason
First Name	Last Name	Relationship	Disenrollment Reason
First Name	Last Name	Relationship	Disenrollment Reason

* Please provide mailing address and telephone number for your ex-spouse for COBRA notification purposes.

Ex-Spouse's Address	City	State	Zip Code

E-mail Address Phone Number