PWGA
Pension & Health Plans
YOUR TRUSTED GUIDE

Writers' Guild-Industry Health Fund

DEPENDENT ENROLLMENT FORM

In order to add or reinstate your spouse, or dependent children 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) to cover all of your dependents.
Please make check payable to the Writers' Guild-Industry Health Fund.

SPOUSE	A copy of the certified marriage certificate.
CHILD:	A copy of the certified birth certificate.
ADOPTION, FOSTER CARE, GUARDIANSHIP:	A copy of the adoption/release or guardianship placement documents.

Name of Participant | Address | Participant ID. # | DOB | Sex

E-Mail Address _____ Phone Number _____

PLEASE LIST EACH DEPENDENT'S LEGAL NAME

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

Dependent Codes: SP (Spouse) **CH** (Child) **SC** (Step Child) **AC** (Adopted Child) **KC** (Legal Ward Child)