

# Pipe Fitters' Welfare Fund, Local 597

45 North Ogden Avenue, Chicago, Illinois 60607  
Phone 312.633.0597 Fax 312.829.7787 www.pf597.org

## ADULT CHILD ENROLLMENT FORM (Ages 18 through 25)

Complete the Adult Enrollment Form to enroll your child who does not have access to health insurance through their employment or their spouse's employment. **(Complete form even if your child is a full-time student)**

Member's Name \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ or \_\_\_\_\_  
Social Security Number U.A. Card Number

### ADULT CHILD INFORMATION

Child's Name \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
Social Security Number Birth Date

Is this Child employed?  Yes  No

**If yes, please provide Name, Address and Telephone number of employer:**

---

Does the employer offer any option of health insurance for which this Adult Child is eligible?

Yes  No

**(If yes, and your child does have access to other health insurance and is a full time student please furnish proof of full-time student status for the current semester from the Registrar's Office)**

Marital Status:  Single  Married

If married, Name of Child's Spouse: \_\_\_\_\_

Is Child's Spouse Employed?  Yes  No

**If yes, please provide Name, Address and Telephone number of employer:**

---

**I certify that all information provided on this form is correct to the best of my knowledge and authorize release of any information requested with respect to this enrollment form. I understand that Pipe Fitters' Welfare Fund Local 597, at its sole discretion, may rescind my coverage at any time on the basis of any untrue, inaccurate or incomplete answer to any question on this enrollment form, or any misrepresentation, omission or concealment on this enrollment form, whether intentional or otherwise. I also understand that if this information changes, it is my responsibility to notify the Fund Office immediately.**

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Child's Signature \_\_\_\_\_ Date \_\_\_\_\_