



**IRON WORKERS OF WESTERN PENNSYLVANIA BENEFIT PLANS**  
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**WELFARE PLAN MID-YEAR STATUS CHANGE FORM (2012)**

**IMPORTANT: See Permitted Mid-Year Changes on Reverse Side**

Section A: GENERAL INFORMATION	
Name	Soc. Sec. #
Date of Birth	E-Mail
Address	
Phone #	

Section B: MEDICAL & DRUG PLAN ELECTION				
	Member Only	Member & Spouse	Member & Children	Family
High Plan	<input type="checkbox"/> \$ 1,015	<input type="checkbox"/> \$ 1,128	<input type="checkbox"/> \$ 1,053	<input type="checkbox"/> \$ 1,166
Mid Plan	<input type="checkbox"/> \$ 944	<input type="checkbox"/> \$ 1,051	<input type="checkbox"/> \$ 979	<input type="checkbox"/> \$ 1,087
Low Plan	<input type="checkbox"/> \$ 801	<input type="checkbox"/> \$ 896	<input type="checkbox"/> \$ 833	<input type="checkbox"/> \$ 928

Section C: DEPENDENT INFORMATION					
List ONLY your legal spouse and/or eligible dependents (as defined in the Welfare Plan SPD)					
Last Name	First Name	Type	Gender	Date of Birth	Soc. Sec. #
		Spouse			
		Dependent			
		Dependent			
		Dependent			
		Dependent			
		Dependent			
		Dependent			

Section D: Authorization	
I represent that all information supplied in this application is true and correct. I understand that my election must remain in effect for the remainder of the calendar year unless I experience another permitted status change. I understand that if I lose and regain coverage during the same calendar year, I must continue with the same benefit election I had earlier in the calendar year unless there is another permitted status change.	
Member Signature _____	Date _____

Section E: FOR PLAN OFFICE USE ONLY
Effective Date
Group Number

**PERMITTED MID-YEAR STATUS CHANGES**

The following life events permit a member to change their family coverage choice and corresponding Value Bank reduction during a plan year.

<b>Event</b>	<b>Permitted Election Change</b>
Gaining a tax qualified dependent (marriage, birth, adoption, etc.)	May increase coverage level
Losing a tax qualified dependent (divorce, death, dependent reaches maximum age)	May decrease coverage level
Eligible Dependent loses job and loses health coverage	May increase coverage level
Eligible Dependent gains job and become eligible for insurance	May decrease coverage level
Spouse makes changes in benefits election at their place of employment	May increase or decrease coverage level

*Proof of any mid-year status change must be submitted along with this completed form.*