

Northwest Carpenters Health and Security Plan

PO Box 1929 Seattle, WA 98111-1929

Self-Contribution Coverage Application For Washington

Self-Contribution Coverage is for qualifying participants who are unemployed and on the out-of-work list at the Southwest Mountain States Regional Council of Carpenters or the regional council in the jurisdiction in which the participant is working, and qualifying participants who are disabled. If you are retired or are retiring, you must contact Participant Services at Northwest Carpenters Trusts for other coverage options: (800) 552-0635.

- Please complete this application in its entirety.
- Enclose a check or money order made payable to “Northwest Carpenters Trusts.”
- Forward your application and check to Northwest Carpenters Trusts. Your application and check must reach Northwest Carpenters Trusts before your dollar eligibility terminates.
- Northwest Carpenters Trusts will notify you, in writing, of the acceptance or denial of your application.

Personal Information

Name: Last, First, Middle		Social Security Number		
_____		_____		
Mailing Address:	Street	City	State	Zip
_____		_____		
Telephone:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Land	Date of Birth	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
()	_____			

Choice of Benefits and Monthly Contribution Amount

There are two benefit and payment options to choose from (check one only). If you elect to exclude dental benefits, these benefits cannot be reinstated later. Neither option includes time loss benefits:

- Medical Benefits:** \$329/month
- Medical and Dental Benefits:** \$354/month

Disclosure and Signature

I read the *Self-Contribution Coverage Election Notice* and the *Self-Contribution Coverage Application* and understand my rights to elect continuation coverage. I understand that payment is due upon receipt of the bill but not later than the 25th of the same month and that there is no grace period. I further understand that failure to make the necessary self-contribution payment terminates coverage. Self-Contribution Coverage is provided subject to my eligibility. The plan reserves the right to terminate my coverage retroactively if it is determined I am ineligible for coverage. Total coverage under Self-Contribution Coverage cannot exceed 24 months.

Signature _____ Date _____