



**TEAMSTERS WELFARE FUND
OF NORTHERN NEW JERSEY
LOCAL 723**

714 RAHWAY AVENUE
UNION, N.J. 07083

IMPORTANT HEALTH FUND ENROLLMENT POLICY

Please read the Summary Plan Description and your Summary Benefit coverage Insert.

Participants who meet the Member Eligibility rules of the Health Fund are not permitted to opt-out of participating in the Health Fund. Participants are not permitted to receive any remuneration from an Employer or any entity of any kind in exchange for not participating in the Health Fund.

DEPENDENTS

Dependents must be enrolled within 45 days of the Member Participants effective date. Complete Enrollment requires all forms listed below.

The following documentation must be received within 45 days:

1. Fully completed enrollment cards and Family information Form.
2. All marriage and/or birth certificates must be provided in English and must have a raised seal.
3. Birth certificate must show that the Member is the Parent. Single Parents must show proof that the Dependent child resides at your residence and /or that you are legally responsible for the support of that child. Fund may request proof in the form of a court order.

If you Marry or have a child after your enrollment period you must enroll your spouse or the child within 45 days of that event.

IF YOU DO NOT ENROLL dependents within the 45 day enrollment period you may do so during the Fund's Open Enrollment period which is October 1st, through October 31st, of each year for an effective date of January 1st of the following year.