

Dependent Enrollment and Reinstatement Form

To add or reinstate your spouse or children to your insurance policy, complete this form and make sure to circle the appropriate relationship code below, if more room is necessary use the back of this sheet. **Dependents must be added within 30 days** of the qualifying event. Send the documents that are listed below, ① **a birth record or marriage license** can be submitted, however, a photocopy of the certified document will be required within 120 days. **You MUST pay a quarterly dependent premium of \$150.00 (\$600 per year) to cover all of your dependents. Adjust your payment if you are adding in the middle of a quarter. Make check payable to the PWGA and include member your ID number on the check.**

Mail all documents:

PWGA
 2900 W Alameda Ave
 Suite 1100
 Burbank CA 91505

Mail payments:

WGA Health Fund Participant
 Dept LA 25118
 Pasadena CA 91185-5118

Relationship Documents and Codes:

SPOUSE-SP:

A photocopy of the certified marriage certificate.①

CHILD-CH/SC:

A photocopy of the certified birth certificate.①

ADOPTION-AC, FOSTER CARE-KC, GUARDIANSHIP-KC:

A photocopy of the adoption/release or guardianship placement documents.

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

Name of Participant _____ Address _____ Participant ID. # _____ DOB _____
 E-Mail Address _____ Phone Number _____

PLEASE LIST EACH DEPENDENT'S LEGAL NAME

Check this box if more dependents are listed on the back

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