



**IBEW Local No. 236**  
*Health and Benefit Fund,*  
*Annuity Fund, and Pension Fund*

William J. McDaniel, C.P.A.  
 Funds Administrator

**Dependent Eligibility for**  
**IBEW Local No. 236 Pension, Annuity, and**  
**HEALTH AND BENEFIT FUND INFORMATION**

We are updating our personnel files. Please complete the following information and provide us with the necessary requests (Print or type clearly)

**PARTICIPANT:** \_\_\_\_\_ **SS #** \_\_\_\_\_

**SPOUSE:** \_\_\_\_\_ **SS #** \_\_\_\_\_ **DOB** \_\_\_\_\_

**DATE OF MARRIAGE:** \_\_\_\_\_ (Please attach copy)

**DATE OF DIVORCE :** \_\_\_\_\_ (Please attach copies of all support decrees, QDRO's, QMCSO's, and any court ordered participation agreements)

**SPOUSE'S INSURANCE COVERAGE:** \_\_\_\_\_

**SPOUSE'S EMPLOYER :** \_\_\_\_\_

**LIST ELIGIBLE DEPENDENTS:**

Eligible dependents are your lawful spouse and your unmarried children who are under 19 who are not employed on a regular basis; and if not living with you, for whose medical care you are responsible. Your dependent child coverage may continue up to the end of the month in which he or she attains age 25, if the child is a full time student at an accredited school and remains your dependent. (Proof of accredited school required)

Eligible Dependent First & Last Name	Relationship To Participant	Date of Birth	Social Security #	Name of Accredited School & Expected Date of Graduation

