

LOCAL 152 HEALTH AND WELFARE FUND

27 ROLAND AVENUE, SUITE 100, MOUNT LAUREL, NJ 08054-1056
(856) 793-1598 (TTY:711) • (800) 555-4959 (TTY:711) • Fax (856)793-3100

Dear Member:

We have been notified that your adult child is offered employer-sponsored benefits or currently has their own insurance and you no longer wish to cover them. Please list below, the name(s) of the adult child(ren) you wish to remove. This form must be returned with your signature.

Dependent Name(s): _____

Termination Date: _____

Member Name/SS#: _____ / _____

Member Signature (Required): _____ **Date:** _____

Adult Child Signature (Required): _____ **Date:** _____

Sincerely,

Enrollment Department
Local 152 Benefit Funds