

LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

P.O. Box 41903 | Los Angeles | CA 90041 (323) 259-5200 EXT. 223 or 222 firemensrelief.org

PPO MEDICAL PLAN ENROLLMENT/CHANGE FORM

THIS FORM MUST BE SIGNED AND RECORDED AT THE RELIEF BEFORE IT IS EFFECTIVE.

REQUESTED EFFECTIVE DATE OF COVERAGE / DATE OF CHANGE:

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A child under a legal guardianship who reaches the maximum age (generally age 18) may continue coverage until age 26 if the child continues to reside with you or your surviving spouse/domestic partner and the child is not eligible for coverage under any other group health plan, as an employee or otherwise. DEPENDENT UNDER LEGAL GUARDIANSHIP RESIDES WITH THE MEMBER? Dependents have any other insurance? If "YES", complete the following information: VESS NO INSURANCE CARRIER OR MEDICARE COVERAGE DATES POLICY # POLICY TYPE (LE, MEDICAL VISION) WHO IS COVERED UNDER THIS POLICY? (MMDD/YY) (MMDD/YY) COVERAGES SELECTED AND HEREBY AUTHORIZE THE NECESSARY DEDUCTION FROM MY EARNINGS (IF ANY) REQUIRED TO COVER MY SHARE OF THE PREMIUM. SIGNATURES IDESIRE TO PARTICIPATE IN THE COVERAGES SELECTED AND HEREBY AUTHORIZE THE NECESSARY DEDUCTION FROM MY EARNINGS (IF ANY) REQUIRED TO COVER MY SHARE OF THE PREMIUM. BI-WEEKLY DEDUCTION If at any time the amount of said charges should be changed by the Board of Trustees o		(LAST, FIRST, MIDDLE)					DEPENDENT			(MM/DD	(YY)				
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MEMBER'S SIGNATURE

OFFICE USE ONLY
EFFECTIVE DATE:

*FEDERAL LAW P093-579 SECTION 7 RE: FEDERAL PRIVACY ACTAND USE OF SOCIAL SECURITY NUMBERS. THIS LAW REQUIRES YOU BE INFORMED WHEN ASKED FOR YOUR SOCIAL SECURITY NUMBER THAT IT MUST BE PROVIDED FOR USE IN EMPLOYMENT PERSONNEL AND PAYROLL PROCESSES. AUTHORITY FOR REQUIRING THIS INFORMATION IS BASED JEON PROVISIONS OF THE CITY'S PAYROLL AND PERSONNEL CANDIDATE PROCESSING SYSTEM OPERATIONAL PRIOR TO JANUARY 1, 1975 AND APPLICABLE FEDERAL LAW. DATE