

**JFT HEALTH & WELFARE FUND**  
**DEPENDENT ENROLLMENT CARD FOR DENTAL AND VISION BENEFITS**

**This card is used to:**

- **Enroll dependent(s)** in the JFT Health and Welfare Fund Dental and Vision Plan of Benefits. As an active bargaining unit member you are automatically enrolled after your waiting period but to enroll eligible dependent(s) this card must be completed.
- **Special Notes Regarding Enrollment:** If you enroll dependents prior to your effective date for dental and vision benefits, your dependent(s) will have the same effective date as you for dental and vision benefits.
- **Late Dependent Enrollee:** If dependent(s) are enrolled after your effective date for dental and vision benefits, they are subject to limitations when their coverage will be effective. Please see your Summary Plan Description (SPD) for detailed information or call the Fund Office.
- **Questions** regarding enrollment should be directed to the JFT Health and Welfare Fund (504) 455-7261. Office hours are 8 a.m. to 4 p.m. Monday thru Friday or visit the Fund's website, [www.jfthw.org](http://www.jfthw.org).

## JFT Health & Welfare Fund Dependent Enrollment Card For Dental and Vision Benefits

**COMPLETE ALL AREAS – PLEASE PRINT**

EMPLOYEE'S NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER	SEX	DATE OF BIRTH	EMPLOYEE NUMBER
ADDRESS (Number & Street)	CITY	STATE		ZIP

Is your spouse covered for dental at his/her place of employment?    YES    NO

I ELECT COVERAGE FOR THE FOLLOWING DEPENDENT(S):    SPOUSE    CHILD(REN)    SPOUSE & CHILD(REN)

List EVERYONE For Whom You Are Electing Coverage.

NAME(S) - First, Middle, Last	RELATIONSHIP	DATE OF BIRTH	SEX	SOCIAL SECURITY NO.

**USE ADDITIONAL CARD FOR ADDITIONAL DEPENDENTS**

I authorize the School Board to deduct from my salary checks, the premiums for DEPENDENT DENTAL & VISION coverage. This authorization shall remain in effect until revoked by me through written notice.

**TO BE COMPLETED BY FUND.**

NEW

CHANGE

REINSTATEMENT

**EFFECTIVE DATE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE COMPLETED	SIGNATURE OF EMPLOYEE
----------------	-----------------------