

DOCUMENT SPECIFICATION SHEET
UFCW – Northern California and Drug Employers
Health and Welfare Trust Fund

TO ADD OR CHANGE COVERAGE FOR DEPENDENTS, COPIES OF THE FOLLOWING DOCUMENTATION ARE REQUIRED:

SPOUSE

- County-certified Marriage Certificate
PLUS any ONE of the following:
- Page 1 of your most recently filed Federal Tax Return or acknowledgment of your tax extension (Form 4868) (please cover up financial information)
- Recent (within 60 days) recurring household bill or account statement listing your Spouse's name at your address

DOMESTIC PARTNERSHIP

- Certificate of Registration of Domestic Partnership (CRDP) issued by the California Secretary of State
PLUS
- Recent (within 60 days) recurring household bill or account statement listing your Domestic Partner's name at your address

NATURAL CHILDREN

County-issued Certified Birth Certificate

STEPCHILDREN

County-issued Certified Birth Certificate

PLUS

County-certified Marriage Certificate with Natural Parent

ADOPTED CHILDREN

Court Adoption Papers

FOSTER CHILDREN

Foster Home License

PLUS

Legal Guardianship papers for the Child

DISABLED DEPENDENT

- A completed Disabled Overage Dependent Child Form (go to www.ufcwtrust.com to download a form under Resources TAB or call 1-800-552-2400)
- Page 1 of your most recently filed Federal Tax Return
PLUS
- All documents from one of the above categories to which this child belongs (Natural Child, Stepchild, Adopted Child, Foster Child)

TO DROP COVERAGE FOR A SPOUSE, A COPY OF THE FOLLOWING DOCUMENTATION IS REQUIRED:

DIVORCE

- Final divorce decree entered with the Court

PLEASE MAIL YOUR DOCUMENTATION TO:

UFCW & EMPLOYERS TRUST, LLC
P.O. BOX 4100
Concord, CA 94524-4100