



Dear Participant:

Please complete the Fringe Benefit Enrollment Form on the reverse side and return it to our office. This form must be signed and dated in order to be valid.

The following documentation is **required** for you and your eligible dependent(s).

**Married-** Please provide a copy of your state issued marriage certificate.

**Children** – Please provide a copy of each child’s state issued birth certificate.

**Stepchildren, adopted children and foster children-** Please provide a copy of each dependent’s state issued birth certificate along with applicable documentation (i.e. adoption papers, court documents, a copy of last year’s federal income tax return and a letter certifying that the other biological parent is not responsible for their coverage and that you will be claiming them as your dependent on your income tax return.)

**Divorce** – Please provide a copy of your divorce decree.

**Legible Copies of Social Security Cards** - for yourself and each of your eligible dependent(s).

Under the Affordable Care Act (ACA), all individuals are required to maintain health insurance coverage. The Plan is required to provide you with a 1095B form detailing who in your family has received coverage from the Welfare Fund. The IRS requires an exact match on the spelling of each name and Social Security number, as indicated on the Social Security cards for you and each of your eligible dependents. If there is any deviation, the IRS will reject the submission of your 1095 B information. ***Failure to provide correct information could result in the IRS accessing penalties to you when you file your income taxes.***

Should you have questions relative to completing this form or the documentation required, please feel free to contact our enrollment department at 1-800-792-3666 extension 6005.

**Return completed form with documentation to:**

I E Shaffer & Co  
PO Box 1028  
Trenton NJ 08628