SAG-AFTRA HEALTH PLAN

3601 W. Olive Ave., Burbank, CA 91505 • Mailing Address: P.O. Box 7830, Burbank, CA 91510-7830
P (800) 777-4013 • F (818) 953-9880 • www.sagaftraplans.org/health

New Dependent Form

Please fax to the Participant Eligibility department at (818) 973-4465

Within 60 days of acquiring a new dependent (for example, a new child or spouse), please add them to your Benefits Manager at www.sagaftraplans.org/health or return this completed form to the Plan — even if you do not have the recorded marriage or birth certificate, which you can send later or upload online. Please note that your new dependents will not have health insurance coverage until the Plan has received and approved all required documents and your premium payment. If the amount of your premium changes due to the enrollment of a new dependent, a new billing statement will be sent to you.

Required documentation

- Spouse: Copy of the recorded marriage certificate
- Child: Copy of the recorded birth certificate, adoption, or guardianship papers

Exception: We will accept a copy of the birth certificate from the hospital to add your biological child who is younger than one year of age for a period not to exceed 120 days while you obtain a recorded copy.

Participant name	Date of birth	Health care ID (HCID) number

Please complete the following:

First and last name List new dependent(s)	Gender (M/F)	Date of birth (MM/DD/YYYY)	SSN	Relationship: spouse; biological, step, adoptive or foster parent; or legal guardian	Enroll dependent (Y/N)

NOTE: Upon our receipt of your approved documentation, coverage for your new dependents will begin on the later of the commencement of your eligibility or the date your dependents become eligible.

I have read and understand the rules for new dependents.

Participant signature _____ Date _____