

MASTERS, MATES & PILOTS PLANS PERMANENT DATA FORM

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS NUMBER & STREET _____ CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____ HOME PHONE / WORK PHONE _____ DATE OF BIRTH _____

Membership Group (Check One) Active Offshore Pensioner PMR/U.I.G. Pilot
 Offshore Administrative/Office/School Other

Email Address: _____

MARITAL STATUS (CHECK ONE): Single Married Divorced* Legally Separated*

LIST BELOW YOUR LEGAL DEPENDENTS

DEPENDENT'S FULL NAME	SOCIAL SEC. #	RELATIONSHIP TO EMPLOYEE	DATE OF BIRTH MO./DAY/YEAR

Name of Beneficiary _____

Full Given Name _____ Relationship to Employee _____

Beneficiary's SS# _____ DATE OF BIRTH _____

Address of Beneficiary _____
PLEASE PRINT

Number & Street _____ City _____ State _____ Zip Code _____

Beneficiary Signature _____ Date _____

Participants Signature _____ Date _____

Witness' Signature _____ Date _____

SOMEONE OTHER THAN BENEFICIARY

Witness' Address _____

Number & Street _____ City _____ State _____ Zip Code _____

*** PLEASE REVIEW INSTRUCTIONS FOR COMPLETING PERSONAL DATA FORM**

FORM NOT VALID UNLESS IT HAS BEEN SIGNED, WITNESSED AND FILED WITH THE MM&P PLAN OFFICE.

Instructions for Completing Permanent Data Forms

For New Participants

Your dependents are: 1. **Your spouse.** If legally married, please attach a copy of your marriage certificate. 2. **Your dependent child.** (Natural children, adopted children, stepchildren, and children for whom you have been appointed legal guardian.) Dependent children must be unmarried, members of your household, under age 19 (or age 22 & full-time students), and dependent on you for support. 3. **Parents.** If you are an Active Employee and *do not have a spouse or children*, and you *claim* your *parents* on your *Federal Income Tax Return* for the prior calendar year in which the claim occurred. The Plan will require, for Students and Parents the completion of Affidavit Dependency Forms which are available from the Plan Office or on the Union website: www.bridgedeck.org.

If you are divorced and are claiming dependent children, please provide a copy of the portion of your divorce decree that pertains to responsibility for the child's medical care. If the parent with custody is not the member and is remarried, the Plan will require a notarized statement that such parent and new spouse either has or does not have available coverage for the child.

Adding New Dependents

You should notify the Plan's Office immediately following an event calling for the addition of a Dependent, (birth, adoption or marriage). If you are a *Continuation of Coverage Pensioner* or *Cobra* participant you must notify the Plan Office *in writing* within *60 days* of an event calling for the addition of a Dependent.

If you are a *Pilot* the Plan must be notified within *60 days* of an event calling for the addition of a Dependent otherwise, no coverage will be available until an *open enrollment period*.

Change in Marital Status

If you are married and become divorced or legally separated, please submit a copy of your divorce decree or legal separation agreement with your Permanent Data Form.

Note About Address Changes

Submit a change of address *in writing* to the Plan Office with the Participant's name and social security number.