UTU–MTA TRUST FUND

Overage Dependent(s)

Metro

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in group health plan or health insurance coverage. Individuals may request enrollment for such children for 30 days from the date of this notice. Enrollment will be effective January 1, 2021. For more information contact Bob Trujillo Administrator at (626) 962-1762 or (213) 624-6487.

Name_____ _____ _____ Badge No._____
Last First In.

Address_____ _____ ____ _____ Phone No. (____)____-_____
Number and Street City St. Zip

Birth Date_____/_____/_____ Gender ☐ F ☐ M S.S.N. _____-_____-_____

Dependents	Last Name	First Name	In.	Gender	Birth Date	S.S.N. **Required**
Child 1				F/M	_____/_____/_____	
Child 2				F/M	_____/_____/_____	
Child 3				F/M	_____/_____/_____	
Child 4				F/M	_____/_____/_____	
Child 5				F/M	_____/_____/_____	
Child 6				F/M	_____/_____/_____	
Child 7				F/M	_____/_____/_____	
Child 8				F/M	_____/_____/_____	
Child 9				F/M	_____/_____/_____	
Child 10				F/M	_____/_____/_____	

I certify that the information on this card is correct and that each dependent meets the UTU-MTA Trust Fund's eligibility criteria. I hereby authorize the release of any documents to the administrator for validation of coverage and eligibility. Furthermore, I hereby authorized MTA (employer) to deduct from my salaries or wages, from time to time until futher notice in writing, amounts equal to the contributions required of me for the payments of premiums on Group Insurance Policies issued to the UTU-MTA Trust Fund.

Signature_____ Date_____

White Copy - UTU-MTA Trust Fund Yellow Copy - Member