

INSTRUCTIONS – ENROLLMENT FORM

- Complete Sections I and II of the enrollment form. Sign both signature lines at the bottom of the enrollment form.
- If enrolling a spouse, include a copy of your marriage certificate with your enrollment form. If enrolling a child under age 26, include a copy of the child's birth certificate.
- If enrolling a domestic partner, you must complete and include a Domestic Partner Application form with your enrollment form. You can download the application form from this site or call the Trust Fund office at (213) 747-7551 or (877) 492-2778 to have a form mailed to you. See additional instructions below.
- If your spouse or your child has no social security number for coverage enrollment, complete and include a Safe Harbor form to be included with your enrollment form. You can download the Safe Harbor form from this site or call the Trust Fund office at (213) 747-7551 or (877) 492-2778 to have a form mailed to you.
- The Trust Fund does not currently accept enrollment forms online. Please submit your completed and signed enrollment form and any documents mentioned above:

By mail or in-person:

CSE Health & Welfare Trust Fund
828 W Washington Blvd
Los Angeles, CA 90015

By fax: (indicate your name and SSN on each page)
(213) 747-2896

INSTRUCTIONS – DOMESTIC PARTNER APPLICATION

- Note that you must pay monthly imputed income taxes for the value of H&W benefits provided to your enrolled domestic partner. Call the Trust Fund office to determine the dollar amount of monthly imputed income taxes that you will be required to pay.
- Complete the "Initial Application for Domestic Partner Coverage" and "Affidavit of Domestic Partnership" forms. Take your completed forms to a notary public.
- Submit your completed application forms to the Trust Fund, including any two (2) of the following:
 - Proof of joint bank account (copy of bank statement with both your and your domestic partner's names)
 - Proof of joint lease/mortgage of mutual residence
 - Joint billing statement e.g., utility bills (gas, electric, etc.) with both your and your domestic partner's names

INSTRUCTIONS – SAFE HARBOR FORM

- Use this form only if any of your dependent has no social security number and are not enrolled in Medicare Part A & B.
- Check the "No" boxes on Sections I to III and complete Section IV of the Safe Harbor Form.

INSTRUCTIONS – LIFE AND AD&D BENEFICIARY FORM

If your collective bargaining agreement includes Life Insurance benefits, you must designate a beneficiary with the Trust. When you first become eligible for H&W coverage, the Trust Fund will mail you an enrollment packet including a life insurance beneficiary form.

- Complete the top section of the life insurance beneficiary form that was included in your enrollment packet.
- Write your full name, social security number and your beneficiary's information on the bottom section. Sign and date the bottom of the beneficiary form.
- If you are married, you and your spouse must sign and date the bottom of the beneficiary form.
- Return the completed forms to the Trust Fund in the provided self-addressed return envelope.

INSTRUCTIONS – DISABILITY WAIVER

If you lost H&W coverage due to illness, you may be eligible for continued H&W coverage through the Trust Fund at no cost to you. You must have at least 12 consecutive months of H&W coverage through the Trust Fund as an active employee prior to being off work.

- To apply for free disability H&W coverage, complete the top portion of the Extended Disability Form and have your physician complete the bottom portion. Please call the Trust Fund office at (213) 747-7551 to have the form mailed to you. You can also download the form from this website.
- In lieu of completing the form, you can also obtain a Work Status Report from Kaiser or a Letter of Incapacity from your physician, showing the dates that you are ill and unable to work.
- Submit the completed Extended Disability Form **OR** Work Status Report from Kaiser **OR** your physician's Letter of Incapacity to the Trust Fund:

By mail or in-person:

CSE Health & Welfare Trust Fund
828 W Washington Blvd.
Los Angeles, CA 90015

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- You are eligible for up to 3 months of free disability H&W coverage if you had at least 12 consecutive months of active employee coverage, or up to 6 months if you had at least 24 consecutive months of active employee coverage. If you are still unable to return to work and wish to pay for continued H&W coverage, you may apply for COBRA Continuation Coverage. A COBRA offer will be automatically mailed to you when your disability coverage ends.