APWU Health Plan
799 Cromwell Park Drive
Suites K-Z
Glen Burnie, MD 21061

Member ID #_____

APPLICATION TO ADD DEPENDENT UP TO AGE 26

(Please Print Clearly)

_____	_____	_____
Dependent Last Name	**Dependent First Name**	**Dependent Middle Initial**

_____	_____
Dependent Date of Birth	**Dependent Social Security Number**

Dependent Address:

_____

_____	_____	_____
City	**State**	**Zip**

What is your relationship to this child? – Please check the appropriate box:

Natural Born Child ☐ **Adopted Child** ☐ **Step Child** ☐ **Foster Child** ☐

Please enclose a copy of your child's birth certificate if the child has a last name that is different than your last name.

If your dependent is a foster child, you must provide copies of the court documentation placing the child in your care.

Does this child have other Medical Coverage? YES ☐ **NO** ☐

If you have answered YES, please complete the section below:

Name of Other Carrier: _____

Policy Number: _____ Effective Date of Coverage: _____

Policy Holder's Name: _____

Relationship to Policy Holder (Please check the appropriate box):

Self ☐ Spouse ☐ Parent ☐ Guardian ☐

Does this Child Have Other Dental Coverage? YES ☐ NO ☐

If you have answered YES, please complete the section below:

Name of Other Carrier: _____

Policy Number: _____ Effective Date of Coverage: _____

Policy Holder's Name: _____

Relationship to Policy Holder (Please check the appropriate box):

Self ☐ Spouse ☐ Parent ☐ Guardian ☐

Is this a FEHBP Dental Plan? YES ☐ NO ☐

Does this Child Have other Prescription Coverage? YES ☐ NO ☐

If you have answered YES, please complete the section below:

Name of Other Carrier: _____

Policy Number: _____ Effective Date of Coverage: _____

Policy Holder's Name: _____

Relationship to Policy Holder (Please check the appropriate box):

Self ☐ Spouse ☐ Parent ☐ Guardian ☐

_____ _____

Subscriber Signature Date

Please COPY this Form for EACH Dependent you wish to add to your Self & Family Coverage.

Please return this completed application to:

APWU Health Plan

799 Cromwell Park Drive, Suites K-Z

Glen Burnie, MD 21061

ATTN: ENROLLMENT UNIT