

# ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —  
Pacific Maritime Association [www.benefitplans.org](http://www.benefitplans.org)

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109

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ILWU-PMA Pension Plan  
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

August 28, 2019

To: ILWU Longshore, Ship Clerk, Walking Boss/Foreman, and Watchmen Locals  
From: Mario Perez, Director of Benefit Plans  
Subject: **Updated Record Change Form, Coastwise Indemnity Plan Enrollment Form,  
and New Registration Listings Form**

The Benefit Plans Office has updated the Record Change Form, Coastwise Indemnity Plan Enrollment Form and the New Registration Listings Form to now request the Legal Name for Participants. Past forms have been received and accepted with nicknames such as Jim instead of James, Drew instead of Andrew, Mike instead of Michael, etc. This has caused discrepancies and in some cases issues with claims processing and Medicare issues. A supply of the updated forms will be sent to you under separate cover. Please begin using the updated versions.

Attachments

cc: Area Welfare Directors

A copy of this memo can be downloaded at [www.benefitplans.org](http://www.benefitplans.org)

# ILWU-PMA BENEFIT PLANS /

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## Coastwise Indemnity Plan Enrollment Form

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CA 94109 Phone (415) 673-8500  
Fax (415) 749-1400

PRINT LEGAL NAME		ADDRESS	
Legal Last Name		STREET	
Legal First Name	Initial	CITY	STATE
REGISTRATION #	LOCAL #	ZIP CODE	PHONE # ( )

MARITAL STATUS			
SINGLE	<input type="checkbox"/>	DIVORCED	<input type="checkbox"/> (Date) ____ / ____ / ____
MARRIED	<input type="checkbox"/> (Date) ____ / ____ / ____	WIDOWED	<input type="checkbox"/> (Date) ____ / ____ / ____

List below yourself, your spouse, and your eligible dependent children whom you wish to enroll in the Coastwise Indemnity Plan.							
PRINT	Legal Last Name	Legal First Name	Initial	Social Security #	Date of Birth Month / Day / Year	Male / Female	Relationship
Self							
Spouse							
Child							
Child							
Child							
Child							
Child							
Child							

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

\_\_\_\_\_ SIGNATURE DATE



**Dependent Spouse** – A person who is married to a Longshoreman, Pensioner, or Social Security Retiree and who is so identified on both a valid marriage certificate (or other appropriate evidence of marriage to the extent a marriage certificate is not otherwise available or applicable under the laws of the jurisdiction in which the marriage was contracted) and the form provided by the Trustees for enrollment of dependents that has been most recently executed by such Longshoreman, Pensioner, or Social Security Retiree; provided, that a marriage shall be deemed valid under the Plan if it is considered valid under the laws of the jurisdiction in which it was contracted. The Trustees shall review the list of enrolled Dependent Spouses from time to time for the purpose of verifying Eligibility.

**Dependent Child** - Effective July 1, 2011, the Welfare Plan definition of "Dependent Child" is being changed because of the new health reform law . The new definition is: A person (1) who is identified by the Active Employee or Pensioner on the form provided by the Trustees for the enrollment of dependents (which form has been filed with the Trustees), (2) who is within one of the following classes: (a) a natural child of an Active Employee or Pensioner, (b) a legally adopted child of an Active Employee or Pensioner, (c) a stepchild or foster child of an Active Employee or Pensioner, or (d) a child who has or had a parent/child relationship with an Active Employee or Pensioner if such child's natural parent is not in fact supporting such child, (3) who does not have employment-based group health coverage available to him or her other than through the parent and has attained age 19, or 23 if a full-time student, and (4) who either: (i) has not attained 26 years of age or (ii) is, and continues to be, upon attaining age 26, mentally or physically incapacitated so as to be incapable of self-sustaining employment.

**For each dependent, attach the following required documents :**

**Spouse or Same-Sex Spouse:**  Copy of marriage certificate

**Natural or Step Child:**  Copy of birth certificate    **Adopted and/or Foster Child :**  Copy of birth certificate or other proof of age  
 If applicable, documentation establishing child's placement for adoption or foster care

**Incapacitated Dependent Child over age 26**  Copy of birth certificate  
 Important Notice Regarding Taxation Form WF594 (available at Benefit Plans office, [www.benefitplans.org](http://www.benefitplans.org) or Local)  
 Worksheet for Determining Support, IRS Publication 501 (if applicable as noted on Form WF594 listed above)  
 Medical Report for Incapacitated Dependent Benefits Form WF303

**Legal Guardianship Child:**  Copy of birth certificate or other proof of age  
 Documentation establishing child's placement for legal guardianship  
 Important Notice Regarding Taxation Form WF594 (available at Benefit Plans office, [www.benefitplans.org](http://www.benefitplans.org) or Local)  
 Worksheet for Determining Support, IRS Publication 501 (if applicable as noted on Form WF594 listed above)

**Any Other Child:**  Copy of birth certificate or other proof of age  
 Notarized Dependent Child Certification Form WF446 (available at Benefit Plans office, [www.benefitplans.org](http://www.benefitplans.org) or Local)  
 Important Notice Regarding Taxation Form WF594 (available at Benefit Plans office, [www.benefitplans.org](http://www.benefitplans.org) or Local)  
 Worksheet for Determining Support, IRS Publication 501 (if applicable as noted on Form WF594 listed above)

**Medical coverage for eligible Dependent Children terminates at age 26, full-time student status not required.**

**For Dependent Children ages 19 to 23 who are full-time students, in addition to the above documentation, please also attach student verification for Dental Plan eligibility as shown below:**

- For Lifemap - Willamette Dental: Proof of full-time student status for children ages 19-23. Coverage terminates at age 23.
- For Delta Dental CA, WA or OR, Kaiser Oregon Dental, Gentle Dental, Harbor Dental and Dental Health Services CA :  
Coverage terminates at age 26 (full-time student status not required).
- For Dental Health Services Washington: Coverage terminates at age 25 (full-time student status not required).

**ILWU-PMA BENEFIT PLANS**  
**NEW REGISTRATION LISTING FORM**

This information is for the confidential use of the Benefit Plans office and your Local.

Registration # \_\_\_\_\_ Local \_\_\_\_\_ Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female   
month day year

Legal Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: home (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_

**Marital Status:** Married  Not Married

If married, list date of marriage and attach copy of marriage certificate. \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Legal Name of Spouse: \_\_\_\_\_ Male  Female

Spouse's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

In what year did you begin work in Longshore industry? \_\_\_\_\_

In what ports have you worked? \_\_\_\_\_

Casual Work # \_\_\_\_\_

Upon becoming eligible for Welfare Plan benefits, you will be asked to provide additional documents, and complete forms including a record change form, health/dental plan enrollment forms and tax forms to enroll your eligible dependents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return form to: ILWU-PMA Benefit Plans  
1188 Franklin St., Suite 101  
San Francisco, CA 94109

<b>FOR BPO USE ONLY:</b>		Source - M
MRR Cycle _____	Elig ____/____	
Activity Status _____	Registered: Y <input type="checkbox"/> N <input type="checkbox"/>	
HMS _____	Dental _____	
Cert/Enter by _____	Approved by _____	