



Combined CAPP Account Request

Your accounts will be combined at the start of the next coverage quarter provided the Fund Office receives the request by the due date for self-payments for that quarter. Otherwise, the combining will occur as of the first of the following quarter. If you are enrolled in active coverage (Plan C1, C2, C3, C4 or Triple S) through the Fund, please note only the primary participant on the combined account would be covered under the Plan's life insurance policy. Please refer to page 15 through 16 of the Plan C Summary Plan Description regarding combining and uncombining your CAPP accounts.

If you decide to uncombine accounts, the request must be in writing and signed by both parties. Your accounts will be uncombined the first of the following quarter, provided the request is received 30 days prior to the start of the upcoming quarter. If not, it will take place the first of the following quarter. The Fund determines how much is transferred to each of your accounts based on the proportion of employer contributions received on behalf of each of you over the most recent 12 months. In addition, the secondary would be sent a statement allowing them to elect any coverage option of their choice. The primary will be changed to single coverage unless other dependents are listed.

Please note that a valid marriage certificate is required by the Fund to combine your accounts. If you have not previously sent a copy of your marriage certificate, please ensure that it accompanies this form. If you are requesting to combine your CAPP account during an open enrollment period, please complete/return the open enrollment form for the master account holder only.

You can fax the completed form to 646-783-7650, email to psc@iatsenbf.org or mail to:
I.A.T.S.E. National Benefit Fund
417 Fifth Avenue, 3rd Floor
New York, NY 10016

If you have any questions, please call the Fund Office at 1-800-456-3863 or via e-mail at psc@iatsenbf.org.

Date _____

I _____ request to combine my CAPP account
Full Name of Participant and ID #

with my spouse _____ effective _____
Full Name of participant and ID# start of quarter

The primary account should be listed under _____. I would like to enroll in _____
Plan type

Both signatures are required below.

Primary account holder

Secondary account holder