SOUTHERN CALIFORNIA PIPE TRADES
PENSIONERS & SURVIVING SPOUSES HEALTH FUND
501 Shatto Place, Suite 500, Los Angeles, CA 90020 | (800) 595-7473 (213) 385-6161 | Fax (213) 385-2767 | www.scptac.org | info@scptac.org

DISENROLLMENT FORM
(PENSIONER)

PART 1—PARTICIPANT INFORMATION

Participant Name

Social Security Number (only last four digits required) **OR** IPE T50 Blue Shield ID No.

Address

Phone Number

Email Address

PART 2—SPOUSE OR DOMESTIC PARTNER INFORMATION

Spouse or Domestic Partner Name

Social Security Number (only last four digits required)

Date of Birth

Phone Number

Email Address

PART 3—ACTION REQUESTED

☐ Disenroll Participant and, if applicable, Spouse or Domestic Partner

☐ Disenroll Spouse or Domestic Partner Only

PART 4—AUTHORIZATION

I understand that a Disenrollment Form received by the 15th of the month will be effective the first day of the following month.

I understand that once disenrolled, the Participant, Spouse or Domestic Partner listed above can no longer be covered under the Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund unless satisfactory evidence of Continuous Comparable Coverage is provided to the Fund Office. (see the Pensioners & Surviving Spouses Health Fund Summary Plan Description for more information)

I understand that Spouse or domestic partner cannot be enrolled in the plan if the participant is not enrolled in the Plan. If the Disenrollment request includes or is for the Spouse or Domestic Partner, Participant and Spouse or Domestic Partner signatures are required.

The disenrolled Participant, Spouse or Domestic partner will be notified in writing of their disenrollment.

X
Participant Signature

Date

X
Spouse or Domestic Partner Signature

Date

REVISED JANUARY 2025