



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

**DIENROLLMENT 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 Spouse       Disenroll Domestic Partner

**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 also understand that once disenrolled, the 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)

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

X \_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date