DGA-PRODUCER PENSION & HEALTH

DEPENDENT ENROLLMENT FORM

Please return this form and the required dependent enrollment documentation (see back of this form) to the Health Plan office **via the myPHP online benefits portal** (To register, have your Plan ID number ready and visit dgaplans.org/myPHP.)**, mail to DGA–Producer Health Plan, 5055 Wilshire Blvd, Ste. 600, Los Angeles, CA 90036**, email to Eligibility@dgaplans.org, or fax to **(323) 866-2399.**

IMPORTANT: The enrollment of your dependent(s) is not valid until the required enrollment documentation has been received and processed. See the back of this form for details.

Dependent Name	Social Security #	Date of Birth	Relationship	Sex	Add/Drop
			❑ Spouse ❑ Child	❑ Male ❑ Female	❑ Add ❑ Drop
			❑ Spouse ❑ Child	❑ Male ❑ Female	❑ Add ❑ Drop
			❑ Spouse ❑ Child	❑ Male ❑ Female	❑ Add ❑ Drop
			❑ Spouse ❑ Child	❑ Male ❑ Female	❑ Add ❑ Drop
			❑ Spouse ❑ Child	❑ Male ❑ Female	❑ Add ❑ Drop
			❑ Spouse ❑ Child	❑ Male ❑ Female	❑ Add ❑ Drop

All of the above fields are required information. There may be a delay in enrolling your dependents if any of these fields are left blank.

I hereby certify that the dependent(s) listed on this form are eligible for health coverage under the DGA-Producer Health Plan in accordance with the ***Eligible Dependents*** section of the DGA-Producer Health Plan Booklet and its updates.

I understand that I may be held liable for claims overpayments if it is discovered that one of my dependent(s) was not eligible for DGA-Producer Health Plan coverage while they were enrolled as a dependent under my DGA–Producer Health Plan coverage.

Name: ______________________________

Health Plan ID Number: ______________________________

Date of Birth: ______________________________

Last 4 Digits of SSN: ______________________________

Signature: X ______________________________

Must be signed by the participant

Date: ______________________________

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REQUIRED DEPENDENT ENROLLMENT DOCUMENTATION

To enroll your eligible dependents for Health Plan coverage, you must provide the Plan Office a copy of the following required enrollment documents:

Marriage

If you have been married for one year or less, send us a copy of your certified marriage certificate.

If you have been married for more than one year, you will need to submit a copy of your certified marriage certificate and one of the following documents that is not older than six months, showing your spouse's name, your own name and a current address:

- A copy of the front page of your most recent filed federal tax return; or
- A copy of a joint household utility bill, such as gas, water, or electric; or
- A copy of a joint bank/credit account statement; or
- A copy of your joint mortgage/lease; or
- A copy of your joint insurance policy.

The financial information on the forms above can be redacted.

Birth

A copy of your child's certified birth certificate.

Adoption/Guardianship

A copy of the adoption or guardianship documents.

Disability

Please contact the Eligibility Department for enrollment information at (323) 866-2200, Ext. 502.