



DISTRICT COUNCIL 16
Northern California Health and Welfare Trust Fund
4160 Dublin Boulevard, Suite 100
Dublin, CA 94568-7756
Toll Free (800) 922-9902 Fax: (925) 833-7301
Email: Dc16info@hsba.com
www.dci6trustfund.org



Dear Participant:

Welcome to the District Council 16 Northern California Health & Welfare Plan. Enclosed please find your Health Election and Enrollment information. Please complete, sign and date the enclosed enrollment form to select your Health coverage for you and your dependents (if applicable).

If you are enrolling dependents into the Plan the following information must be provided along with the completed enrollment form:

- Marriage certificate for spouse
- Birth certificate for child(ren)
- Adoption Papers for Adopted child(ren)

Your dependents will not be enrolled until the above documentation is received at the Trust Fund Office. Please send your completed enrollment form & documentation to the following address:

HS&BA
District Council 16 Trust Fund Office
4160 Dublin Boulevard, Suite 400
Dublin, CA 94568-7756

If you do not have marriage & birth certificates, the information listed below can help you obtain this documentation.

California Department of Public Health
Office of Vital Records — MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
Telephone: (916) 445-2684

Website for Obtaining Vital Records: <https://www.cdph.ca.gov/Programs/PSB/Pages/BirthDeathMarriageCertificates.aspx>

Website for Obtaining Vital Records from County Offices:

<https://www.cdph.ca.gov/Programs/CHSI/Pages/Obtaining-Vital-Records-From-County-Offices.aspx>

If you have any questions, please do not hesitate to contact the Trust Fund Office at **(800) 922-9902**.

Sincerely,

District Council 16 Trust Fund Office