BAY AREA ROOFERS HEALTH AND WELFARE TRUST FUND

MAILING ADDRESS: P.O. BOX 5057, ZIP 95150-5057 • 1120 S. BASCOM AVE., ZIP 95128-3590 • SAN JOSE, CALIFORNIA • PHONE (408) 288-4400

Administrators
UNITED ADMINISTRATIVE SERVICES

Consultants
STEPHEN CHELBAY COMPANY

Marriage Certificate Requirement
Prior to Confirmation of Coverage for Spouse

Anyone who becomes insured effective September 1, 2001, or later, must provide a copy of their marriage certificate in order to have his or her spouse covered under the plan. If you cannot obtain a copy of your marriage certificate **you and your spouse** can go to a Notary Public. You should do the following:

1. Complete the top half of the enclosed "Joint Declaration to Establish Fact of Marriage" **Form A** through item 4. Do **not** date or sign the form.

2. **You and your spouse** shall take the form to a Notary Public.

3. The Notary Public will have you and your spouse date and sign the form. The Notary Public will complete the balance of the form.

4. Send this form to Bay Area Roofers, Administration Department, P. O. Box 5057, San Jose, CA 95150.

If you cannot obtain a copy of your marriage certificate and **your spouse does not live in the area.** You should do the following:

1. Complete the top half of the enclosed "Joint Declaration to Establish Fact of Marriage" **Form B** through item 4. Do **not** date or sign the form.

2. Take the form to a Notary Public.

3. The Notary Public will have you date and sign the form. The Notary Public will complete the balance of the form.

4. Send this form to Bay Area Roofers, Administration Department, P. O. Box 5057, San Jose, CA 95150.

CLAIMS WILL NOT BE PAID OR ELIGIBILITY CONFIRMED FOR YOUR SPOUSE UNTIL YOU SEND EITHER A COPY OF YOUR MARRIAGE CERTIFICATE OR THE "JOINT DECLARATION TO ESTABLISH FACT OF MARRIAGE FORM.

September 2001

Form A

BAY AREA ROOFERS HEALTH AND WELFARE PLAN
JOINT DECLARATION TO ESTABLISH
FACT OF MARRIAGE

We, _____, and _____
(Participant) (Spouse)
hereby declare under penalty of perjury under the laws of the state of California that:

1. We are married to each other.
2. This marriage took place at the following location:

   _____

   _____

   _____
3. This marriage took place on the following date: _____
4. This marriage has not been annulled or dissolved and is still in effect.

We are making this declaration in order to enroll the spouse in the Bay Area Rooofers Health and Welfare Plan, and if it is not true we will be jointly and severally responsible for all claims paid on behalf of the spouse named above, other related charges incurred by the Plan, and attorneys fees incurred by the Plan to collect such amounts.

We swear under penalty of perjury under the laws of the State of California that the foregoing is true and accurate. Signed this ____ day of _____, 200__, at _____, California.

_____
Participant's Signature

_____
Spouse's Signature

State of _____)
) ss.
County of _____)

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 200__, by

_____
Name of Participant

_____
Name of Spouse

_____
Signature of Notary Public

Form B

BAY AREA ROOFERS HEALTH AND WELFARE PLAN
DECLARATION TO ESTABLISH
FACT OF MARRIAGE

I, _____, hereby declare under penalty of perjury under the laws of the state of California that:

1. I am married to _____.
2. This marriage took place at the following location:
   _____
   _____
   _____
3. This marriage took place on the following date: _____
4. This marriage has not been annulled or dissolved and is still in effect.

I am making this declaration in order to enroll my spouse in the Bay Area Roofers Health and Welfare Plan, and if it is not true I will be responsible for all claims paid on behalf of my spouse named above, other related charges incurred by the Plan, and attorneys fees incurred by the Plan to collect such amounts.

I swear under penalty of perjury that the foregoing is true and accurate. Signed this ____ day of _____, 200__, at _____, California.

_____
Participant's Signature

State of _____)
) ss.
County of _____)

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 200_, by

_____
Name of Participant

_____
Signature of Notary Public