



TEAMSTERS LOCAL UNION NO. 731

WELFARE FUND

1000 Burr Ridge Parkway, Suite 301 • Burr Ridge, IL 60527 • (630) 887-4150 • Fax (630) 887-4155

Member Name: _____

Social Security No. / I.D. No.: _____ Tel No.: _____

Address: _____

OTHER INSURANCE INFORMATION

Do you or your dependents have **ANY** other health insurance? YES ___ NO ___

If YES, please supply the following information:

Name of the person insured: _____ Relationship to the member _____

Insured person's SSN/ID#: _____ Date of Birth: ____/____/____

Policy #: _____ Insurance Company Name: _____

Tel No.: _____ Address: _____

COVERAGE INFORMATION:

Type of Plan/Policy: Group ___ Private ___ Other ___

Benefits Included: Medical ___ Dental ___ Ortho ___ Vision ___

Single Coverage Only ___ Family Coverage ___

Effective Date: ____/____/____ Termination Date ____/____/____

DEPENDENT INFORMATION: *Only complete this section if the member and the dependent's natural mother / father are no longer or never were married.*

Natural Mother/Father's Name: _____ Date of Birth: ____/____/____

Does the Natural Mother/Father carry other insurance on this dependent? Yes ___ No ___
(If yes, please complete the above section)

Is there a Court Order indicating who is responsible for maintaining health insurance?
Yes ___ No ___
(If yes, please mail a copy of the court order to the Health & Welfare office at the above address)

Are the member and Natural Mother/Father divorced? Yes ___ No ___ Never Married ___
(If yes, please mail a copy of the divorce decree to the Health & Welfare office at the above address)

Who has residential custody of dependent(s)? Mother ___ Father ___

MEMBER'S SIGNATURE

I hereby certify the above statements are true and complete to the best of my knowledge and belief. I authorize the release when requested by the Trustees or their representative of any facts and or related records concerning Coordination of Benefits. A photocopy of this authorization shall be considered as effective and valid as the original.

Signed: _____ Date: _____