



Midwest Operating Engineers Fringe Benefit Funds

WELFARE FUND - PENSION TRUST FUND - VACATION SAVINGS PLAN

6150 Joliet Road • Countryside, IL 60525-3994 • (708) 482-7300 • Fax (708) 482-3056

James M. Sweeney, *Chairman*

David Snelten, *Secretary-Treasurer*

Date: _____

Member's Medical ID#: _____

Member's Phone: _____

In order to accurately establish your claim file, please list yourself and all persons you plan to claim as your dependents. Also fill in their dates of birth, your complete home address, Social Security Number, and their relationship to you. If more room is needed, use the back of this letter. **The Fund requires a certified copy of the birth certificate or adoption papers for your covered children. If you are married, also include certified copy of your marriage certificate signed from the county. The Fund also requires a copy of social security cards for the member and dependents. If all information is not included coverage will not be made effective until all documents are received.** For your convenience, a return envelope is enclosed.

First and Last Name (Relationship)	Birth Date	Current Complete Home Address	Social Security Number
(member)			
(spouse)			
(dependent)			
(dependent)			
(dependent)			
(dependent)			

Is your spouse employed? (Check One) YES NO

If yes, complete the following information regarding your spouse's current employer:

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____

Employer's Current Insurance Carrier: _____

Insurance Carrier's Address: _____

Insurance Carrier's Telephone Number: _____