



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 M. Snelten, *Secretary-Treasurer*

Member's UID# or SS#: _____

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 Numbers, 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 eligible 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)			

Is your spouse employed? (Circle One) YES NO. If yes, show full name, complete address and phone number of your spouse's employer below:

Name and address: _____

Telephone Number: _____