



**PENSION TRUST FUND • WELFARE FUND • RETIREE WELFARE PLAN  
VACATION SAVINGS PLAN • RETIREMENT ENHANCEMENT FUND**

6150 JOLIET ROAD, COUNTRYSIDE, IL 60525-3994  
PHONE: (708) 482-7300 FAX: (708) 482-3056

**JAMES M. SWEENEY, CHAIRMAN / DAVID M. SNELTEN, SECRETARY-TREASURER**  
**CUSTODIAL PARENT QUESTIONNAIRE**

Member's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

*Check One Box for Each Dependent*

Dependent's Name	Relationship to Member	Date Of Birth	Lives in Member's home	Does Not Live in Member's home	Covered By Another Insurance	Disabled Adult

*If there is a court order regarding coordination (order) of benefits please submit a copy of the order along with this letter to the Fund Office.*

Name, address and date of birth of Custodial Parent (or non-custodial parent if the child lives with member):

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Parent's Employer: \_\_\_\_\_

If the custodial parent has remarried, the name of custodial parents spouse (or non-custodial parent if the child lives with member):

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_

The name and address of the employer(s) of the custodial parent (or non-custodial parent if the child lives with member):

Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Employer's City/State/Zip: \_\_\_\_\_

The name and address of the employer(s) of the custodial parents' spouse (or non-custodial parent if the child lives with member):

Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Employer's City/State/Zip: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_