



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

6150 JOLIET ROAD, COUNTRYSIDE, IL 60525-3994 - PHONE (708) 579-6600
CLAIMS FAX (708) 482-7687 - ELIGIBILITY FAX (708) 352-3310 - PENSION FAX (708) 354-7732

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.

Were the birth parents of the child/children married? Yes or No If yes provide a copy of divorce decree.

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

Name: _____ (D.O.B. _____)
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: _____