

U.A. PLUMBERS

Mail completed form to:

LOCAL UNION NO. 68

U. A. Plumbers Local Union No. 68

19-26 ADULT CHILDREN

Group Protection Plan

CLAIM FORM

P.O. Box 8726

Email: benefits@plu68.com

Houston, Texas 77249

(713)869-2592 Fax # (713-862-4877)

Member name _____

Member Identification _____

Adult dependent full name _____

Dependent Employer _____

Dependent Employer's address and phone number _____

Does dependent's Employer offer health insurance for which this dependent is eligible, even if not enrolled in that coverage?..... Yes _____ No _____

Was this insurance elected? _____ if so, what is the insurance? _____

Is dependent married? Yes _____ No _____

If married, is dependent eligible for health insurance through his/her spouse's Employer's plan, even if not enrolled in that coverage?..... Yes _____ No _____

Was this insurance elected? _____ if so, what is the insurance? _____

The undersigned member and dependent referenced above do certify that the information we have provided is correct and complete. We understand that omissions and/or incorrect statements made may lead to termination of Eligibility; repayment of any benefits paid out due to dependent's ineligibility or other legal action. We authorize any insurance carrier, service plan, union, trust fund, or employer to furnish U.A. Plumbers Local Union No. 68 Group Protection Plan any information relevant to a determination of Eligibility for coverage under this Plan. I/WE hereby authorize all doctors, dentists, psychologists, pharmacists, hospital or other institutions providing care, treatment, consultation, drugs or supplies to furnish U.A. Plumbers LU #68 Group Protection Plan with full information regarding history, physical or mental condition, consultation, treatment or psychotherapy rendered-including a copy of their records.

Date

Employee's Signature

Adult Dependent's Signature

ELIGIBILITY FORM MUST BE FILLED OUT EVERY YEAR FOR EACH

ELIGIBLE DEPENDENT IN HOUSEHOLD