

U.A. PLUMBERS

LOCAL UNION NO. 68

19-26 ADULT CHILDREN

CLAIM FORM

Email: [benefits@plu68.com](mailto:benefits@plu68.com)



Mail completed form to:

U. A. Plumbers Local Union No. 68

Group Protection Plan

P.O. Box 8726

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 \_\_\_\_\_

**ELIGIBILITY FORM MUST BE FILLED OUT EVERY YEAR FOR EACH**

**ELIGIBLE DEPENDENT IN HOUSEHOLD**