

# CEMENT MASONS & PLASTERERS' LOCAL 518 WELFARE FUND

Managed for the Trustees by: TIC INTERNATIONAL CORPORATION

## YEARLY COORDINATION OF BENEFITS AND DEPENDENT STATUS STATEMENT FOR \_\_\_\_\_

(Please Type or Print Clearly)

Participant's Name	Social Security Number		Telephone number	
Participant's Date of Birth:	Address:			
<b>Marital Status (Circle One):</b>	<b>Married</b>	<b>Single</b>	<b>Divorced</b>	<b>Widow</b>
Spouse's Name	Relationship	Birthdate	Social Security No.	
Dependent's Name	Relationship	Birthdate	Social Security No.	

Are you or your dependents covered by any other medical insurance. This includes Medicare, Blue Cross Blue Shield, HMO Plans, PPO Plans, etc.

Circle One Yes No If Yes, please complete the section below:

Is this policy (Circle One) Group Individual

Name of Other Insurance	Telephone number	
Address of Other Insurance	Phone Number	
Policy Number	Group Number	Policyholder's Name
Family Members Covered under the Policy		

Are you or your dependents covered by any other dental insurance.

Circle One Yes No If Yes, please complete the section below:

Is this policy (Circle One) Group Individual

Name of Other Insurance	Telephone number	
Address of Other Insurance		
Policy Number	Group Number	Policyholder's Name
Family Members Covered under the Policy		

Are you or your dependents covered by any other vision insurance.

Circle One Yes No If Yes, please complete the section below:

Is this policy (Circle One) Group Individual

Name of Other Insurance	Telephone number	
Address of Other Insurance		
Policy Number	Group Number	Policyholder's Name
Family Members Covered under the Policy		

### PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that the above statements are true and complete to the best of my knowledge and belief. I understand that if I intentionally falsify any of the above information, Medical claims may be denied and I may be subject to litigation by the Fund. I also understand that I must notify the Fund of any changes in the above information within 30 days of any change.

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

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_