

**CONSTRUCTION
INDUSTRY LABORERS
FRINGE BENEFIT FUNDS**

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Managed for the Trustees by
Wilson-McShane Corporation

Please complete this form and sign at the bottom of the page. Attach an additional sheet if necessary.

Participant Information

Last Name

First Name

Middle Initial

Social Security Number

Dependent Child Information

List all eligible dependent children not currently covered that you are adding to your coverage. Attach an additional sheet if necessary. **Please include a copy of their birth certificate. State issued copies only. Souvenir and county copies are not accepted. If the child is a stepchild or if the child's parents are divorced submit a copy of the divorce decree and other court documents specifying who has custody and medical responsibility for the child.**

Relationship (e.g. Son, Stepdaughter)	Last Name	First Name and Middle Initial	Date of Birth (MM/DD/YYYY)	Social Security Number	Does this child have other group coverage? (Including Medicare)
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration of Other Coverage

Complete for each dependent above that has other coverage. This information is required for coordination of benefits purposes. Submit a copy of card(s) for each carrier. Attach an additional sheet if necessary.

Policy Holder: _____ Policy/Group Number: _____

Plan Name & Address: _____

Plan Phone Number: _____

Policy Holder: Active Retired Follows Birthday Rule: Yes No

Coverage Effective Date: _____ Termination Date: _____

Check Benefits Provided: Medical Prescription Dental Vision Mental Health/Substance Abuse

Acknowledgement

The Participant must sign below.

I understand that if I or my dependents provide false information to the Construction Industry Laborers Welfare Fund or conceal information, we could be subject to severe penalties under state and federal law and the Fund may seek to recover benefits wrongfully paid or pursue legal remedies against us. I declare under penalty of perjury that the information provided is true and correct.

Participant's Signature

Date