

ADULT CHILD COVERAGE VERIFICATION FORM

PLUMBERS & PIPEFITTERS LOCAL UNION #101 WELFARE FUND OFFICE
ADULT CHILD DEPENDENT EMPLOYMENT FORM
1903 52nd, Moline, Illinois 61265 (309) 794-1170 (Option #2) Fax (309) 788-8335

Member Name: _____

Dependent Name: _____

Dependent Address: _____

Dependent City: _____ State: _____ Zip: _____

Dependent Phone Number: _____ Dependent Birth Date: _____ / _____ / _____
Month Day Year

ADULT CHILD - Dependents Employment

Are you employed? Yes No (complete bottom of form)

If employed please have your employer complete employer information and sign.

Name of Employer: _____

Address: _____ Phone _____

City: _____ State: _____ Zip _____

Is the said above employee covered by any work sponsored insurance benefits?

Medical/Prescription Drug Coverage: Yes No Dental Coverage: Yes No Vision Coverage: Yes No

Effective date of insurance: _____

I hereby certify the person on this form is an employee of the Employer above and the information supplied by the employee is accurate and complete to the best of my knowledge.

Employer Representative Signature Phone Number

Employer Representative (please print) Title/Position

Dependent's Marital Status/ Other Insurance Offered

Single

Married: Date of Marriage: _____ / _____ / _____ Name of Spouse: _____

If married is spouse employed: Yes No

If yes: is spouse offered insurance: No Yes Single Coverage or Family Coverage

Effective date of Coverage: _____

Employer of Spouse: _____

Contract Person _____ Phone Number _____

Dependent's Signature Date