MILWAUKEE DRIVERS HEALTH AND WELFARE TRUST FUND
Telephone 414-258-2336 Toll Free 1-800-255-3340

RETURN FORM TO: MILWAUKEE DRIVERS
HEALTH AND WELFARE TRUST FUND
10020 WEST GREENFIELD AVENUE
MILWAUKEE, WI 53214

FAMILY INFORMATION FORM

PARTICIPANT INFORMATION

EMPLOYER

NAME (LAST, FIRST, M.I.) SOC. SEC. NO.

ADDRESS CITY/STATE/ZIP

TELEPHONE NO. ( ) BIRTH DATE

PARTICIPANT'S MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ LEGALLY SEPARATED

DATE OF MARRIAGE (IF APPLICABLE) DATE OF DIVORCE/SEPARATION (IF APPLICABLE)

SPOUSE INFORMATION

SPOUSE'S NAME (LAST, FIRST, M.I.) BIRTH DATE

SPOUSE'S SOC. SEC. NO. SPOUSE'S EMPLOYER

DOES YOUR SPOUSE HAVE OTHER INSURANCE COVERAGE? ☐ YES ☐ NO IF YES, PLEASE COMPLETE BELOW.

NAME AND ADDRESS OF OTHER INSURANCE COMPANY

TELEPHONE NO. ( ) GROUP NO.

INSURED'S I.D. OR SOC. SEC. NO. EFFECTIVE DATE

TYPE OF COVERAGE ☐ FAMILY OR ☐ SINGLE PLEASE CHECK ALL BOXES THAT APPLY ☐ MEDICAL ☐ DENTAL ☐ VISION

OTHER DEPENDENTS (NEW LAWS REQUIRE THE HEALTH FUND TO OBTAIN SOCIAL SECURITY NUMBERS ON ALL DEPENDENTS)

FIRST NAME M.I. LAST NAME (IF DIFFERENT)	SOC. SEC. NO.	DATE OF BIRTH

ARE YOU OR OTHER DEPENDENTS INSURED UNDER ANY OTHER HEALTH INSURANCE DIFFERENT FROM THE COVERAGE LISTED UNDER "SPOUSE INFORMATION"?
IF YES, PLEASE COMPLETE BELOW. ☐ YES ☐ NO ☐ FAMILY OR ☐ SINGLE ☐ MEDICAL ☐ DENTAL ☐ VISION

POLICY HOLDER'S NAME POLICY ID

WHO IS COVERED UNDER THIS POLICY?

NAME AND ADDRESS OF OTHER INSURANCE COMPANY

TELEPHONE NO. ( ) GROUP NO. EFFECTIVE DATE

RELATIONSHIP TO YOU AND/OR YOUR DEPENDENT

I hereby certify that the foregoing statements, including any accompanying statements, are to the best of my knowlege and belief true, correct and complete. I agree to promptly notify the Fund Trustees in writing in the event of 1) a change in marital status due to marriage, divorce, or legal separation; 2) the death or disability of a person named here; 3) the birth or adoption of a dependent child; and 4) a child's dependent status changes due to age, marriage or financial independence.

SIGNATURE DATE

WHITE: Fund Office • YELLOW: Member Copy