



Central Laborers' Welfare Fund

P.O. Box 1267 • Jacksonville, Illinois 62651 • Phone 217/479-3600 • Fax 217/243-8619

<http://www.central-laborers.com>

CENTRAL LABORERS' WELFARE FUND SPOUSE INSURANCE COVERAGE INFORMATION

INFORMATION ON SPOUSE'S PLAN (To be completed by spouse's employer)

Your Employee's Name: _____

Does the employee work full time or part time? _____ Full Time Hire Date _____
Termination Date _____

Is employee eligible for your employer-sponsored group health insurance plan? Yes No

If yes, when was the employee first eligible for your employer-sponsored plan? _____
Month/Day/Year

Is the employee currently enrolled in your insurance plan(s)? Yes No

If yes, please note the coverage: Health Prescription Dental Vision

If employee is NOT currently enrolled in your health plan, when will the employee be eligible to enroll in the plan? Effective Date: _____
Month/Day/Year

Employer Name: _____ Employer Address: _____
Employer Telephone: _____

Health Insurance Carrier Name: _____ Phone Number: _____
Group and Policy Number: _____

Prescription Drug Carrier Name: _____ Phone Number: _____
Group and Policy Number: _____

Dental Insurance Carrier Name: _____ Phone Number: _____
Group and Policy Number: _____

Vision Insurance Carrier Name: _____ Phone Number: _____
Group and Policy Number: _____

Completed By: _____
Signature Date

Please print Name and Title

Spouse's Authorization to Release Information: I hereby authorize my employer to release the information requested above to Central Laborers' Welfare Fund for the sole purpose of ascertaining eligibility for enrollment in my employer-sponsored plan.

Spouse Signature Date

Member's Certification: I certify that the above information is correct and that I understand my responsibility to notify you of any changes. I understand that if my spouse is eligible to participate in his or her employer-sponsored group health insurance plan, then that plan will be considered primary even if my spouse does not enroll in the plan.

Member Signature ID# Date