PLUMBERS, PIPEFITTERS & MES LOCAL UNION No. 392 HEALTH & WELFARE FUND
1228 Central Parkway, Room 100 · Cincinnati, OH 45202
Phone: 513-241-0444 · Fax: 513-241-2028 · Email: lsmith@local392fringefunds.com

DEPENDENT INSURANCE VERIFICATION FORM

Member Name: _____ SS#: xxx – xx – _____

Patient Name: _____

In order to process the claim for your dependent, we will need the following information:

Is your dependent covered by any other group insurance (i.e. employer, spouse, parent, stepparent, etc.)?: Yes / No

If yes, please complete the following:

Policyholder name: _____

Name and address of insurance company: _____

_____

Group name and/or group number: _____

Policy number: _____

Customer service phone number: _____

I certify that the above information is true and correct.

Member Signature: _____ Date: _____