PLUMBERS, PIPE FITTERS & MES LOCAL UNION No. 392
HEALTH AND WELFARE FUND
1228 CENTRAL PARKWAY, ROOM 100
CINCINNATI, OHIO 45202

STANDARD MEDICAL FORM

TO BE COMPLETED BY ELIGIBLE EMPLOYEE — ANSWER ALL QUESTIONS THAT APPLY. SIGN WHERE INDICATED BY

Employee's full name	Employee's Marital Status	Date of birth	Soc. Sec. Number
	M. ☐ S. ☐ Wid. ☐ Div. ☐ Legal Sep. ☐ ☐ Male ☐ Female		

Home Address (Number and Street)	City	State	Zip Code	Telephone Number

Name of your spouse — **Date of Marriage**

Is your spouse employed? ☐ Yes ☐ No — **Name of your spouse's employer** — **Employee's Email**

Does your spouse have group insurance?
☐ Medical ☐ Dental ☐ Optical ☐ Single ☐ Family

If "yes," please mark appropriate box and attach a copy of other insurance card. (front & back)

Are you or your spouse covered under health insurance for the aged under social Security (Medicare)?
Self ☐ Yes ☐ No **Spouse** ☐ Yes ☐ No

Are any hospital, surgical or medical benefits or services provided under any other medical coverage plan other than as shown above or under any federal, state or other governmental program? ☐ Yes ☐ No

If "yes," give name and address of insurance company or organization providing such benefits or services.

Dependents	Name	Male	Female	Birthdate	Soc. Sec. Number
Spouse					
Children					

Other Insurance

Does any dependent child age 19 and over have any other medical or dental coverage? ☐ Yes ☐ No If Yes, please provide information requested in the grid below

Name of Covered Individual	Carrier Name	Group Number	Start Date	Dental	Medical
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No

CERTIFICATION AND AUTHORIZATION:

I/We jointly certify that the above information is true and correct. I/We hereby authorize all doctors, pharmacists, hospitals or other institutions rendering care and treatment to furnish Plumbers, Pipe Fitters & MES Local Union 392 Health and Welfare Fund with full information regarding treatment rendered (including copies of their records). I/We also authorize any Union, Trust Fund, Employer or Insurance Carrier to furnish Plumbers, Pipe Fitters & MES Local Union 392 Health and Welfare Fund with information regarding benefits to which I/we may be entitled. (If claim for spouse, spouse also must sign.) A copy or photocopy of this authorization shall be considered as effective and valid as the original.

Date	Spouse's signature	Employee's signature