Chicago & Vicinity Laborers' District Council
Health & Welfare Fund • Retiree Health & Welfare Fund

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NATURAL PARENT CLAIM FORM

RECEIPT OF THIS FORM DOES NOT GUARANTEE BENEFIT ELIGIBILITY
Failure to complete this form in full may result in delay of payment of your claims.

1. PARTICIPANT INFORMATION

Name: ____ Participant's Alt. ID: _______________

2. NATURAL PARENT INFORMATION

Name: ____ Date of Birth: ______________________

Home Address: ____

City: ____________________________________ State: ________________ Zip Code: ______________

Are you employed?: Yes ☐ No ☐

Employer: ____

Employer's Address: ___________________________ City: _______________ State: _______ Zip: ________

Employer's Phone: ______________________ Employment Start Date: ___________________________

3. OTHER INSURANCE INFORMATION

Do you insure your dependent children under any other group hospital or medical plan, Medicare*, or Tricare?

Yes ☐ No ☐ **If yes, please provide complete insurance company, carrier, or plan information:**

Insurance Company, Carrier, or Plan Name: ____

Address: _________________________________ City: _________________ State: _____ Zip: _________

Policy Number: _________________________ Phone Number: ___________________________________

Primary Insured: ____________________________ Primary Insured's ID Number: __________________

4. DEPENDENT CHILDREN'S INFORMATION

Name: ____ Date of Birth: ____________

Name: ____ Date of Birth: ____________

Name: ____ Date of Birth: ____________

Name: ____ Date of Birth: ____________

It is fraudulent to fill out this form with information you know to be false or to knowingly omit important facts. Criminal and/or civil penalties can result for such an act. If any of the above information is untrue, I agree to reimburse the Health and Welfare Department of the Construction and General Laborers' District Council of Chicago and Vicinity for any money it was induced to pay as a result of the information I provided.

______________________________________ ____________________________

Natural Parent's Signature Date