SAGINAW PLUMBERS & PIPEFITTERS
U.A. LOCAL NO. 85 FRINGE BENEFIT FUNDS

P.O. Box 1350 • Troy, Michigan 48099-1350 **(248) 641-4985 (800) 582-6181**

VITAL INFORMATION FORM

MEMBER Information: *(Please Print)*

Last: ________________________________ First: _________________ Middle: __________________

Address/City/State/Zip: ____

Social Security Number: ______-_____-_______ Telephone Number: (______)__________________________

Date of Birth: ______/______/_______ Gender: (*circle one*) Male Female

Marital Status: (*circle one*) Single Married Divorced Separated Widowed
Date of Marriage/Divorce/Separation: _______________________________________

Current Status: *(circle one)* Active Retired COBRA Surviving Spouse

Email Address: _________________________________ Alternate Phone Number: ____________________

Medicare Claim Number: (including the letter(s) that follows the number)
(This only applies when a member, a spouse, or a covered dependent is age 65 or older or on Medicare disability)

Member # _________________________ **Spouse #** _________________________ **& Dependent # Name** _______________________

DEPENDENTS: - Include Spouse (If additional space is needed, please use 2nd sheet)

FULL NAME	RELATION	BIRTH-DATE	SOCIAL SECURITY NUMBER

****** Please include the required Marriage License and Birth Certificate when adding dependents ******

BENEFICIARY(ies): (Death Benefits)

If a minor is named as beneficiary, insurance proceeds can only be paid to a legally appointed/qualified guardian.

NAME	RELATION	BIRTHDAY	S.S. #	ADDRESS/CITY/STATE/ZIP	%
(Primary)		___/___/___	____-___-____		
		___/___/___	____-___-____		
(Secondary)		___/___/___	____-___-____		
		___/___/___	____-___-____		

I agree to notify the Fund Office within 30 days of any changes to the above information. Further, I declare all the above information to be complete and correct. I understand that stating false or misleading information or the omission of material information could be grounds for denial of benefits.

________________________________ ______________________

MEMBER SIGNATURE **Date**