CHICAGO REGIONAL COUNCIL OF CARPENTERS WELFARE FUND

12 EAST ERIE STREET • CHICAGO, IL 60611
(312) 787-9455, OPTION 3
FAX: 312-951-1515

Participant Information Form

Instructions: **Print Clearly in Ink**. You must complete the form in full, sign and return it to the Fund Office along with your **original marriage certificate** and an **original certified birth certificate for your dependent(s)** new to the plan. Original documentation will be returned to you. **Failure to complete this form in full** will result in the form being returned to you and will delay payment of claims.

Part 1 – Participant Information

1. Participant's Last Name First Middle Initial	2. Soc. Sec. Number or Individual Tax ID Number (ITIN):	3. BCBS I.D. Number	
4. Participant's Home Address	5. City	6. State	7. Zip Code
8. Date of Birth: / /	9. Gender: ☐ Male ☐ Female	10. Marital Status: (Please check one) ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed	
11. Telephone Number: ( )	12. Cell Phone Number: ( )		
13. Email Address:	14. Are you on Medicare or Tricare? ☐ No ☐ Yes If yes, provide Medicare Claim/Tricare Card Number (HIC):		

Part 2 – Spouse Information

1. Spouse's Last Name First Middle Initial	2. Soc. Sec. Number or Individual Tax ID Number (ITIN) (Mandatory):		
3. Date of Birth / /	4. Telephone Number: ( )	5. Are you on Medicare or Tricare? ☐ No ☐ Yes If yes, provide Medicare/Tricare Card Number (HIC):	
6. Is Spouse Employed?: ☐ Yes ☐ No If Yes, Name of Employer:	7. Employers Telephone Number ( )		
8. Employer's Address	9. City	10. State	11. Zip Code

Part 3 – Dependent Children Information. Complete all information or the form will be returned to you as incomplete.

1a. Child's Last Name First Middle Initial	1b. Child's Date of Birth / /	1c. Child's Gender: ☐ Male ☐ Female	1d. Relationship to Participant: ☐ Son ☐ Daughter ☐ Step Child ☐ Other -Explain:
1e. Does the above named child live at same address as Participant: ☐ Yes ☐ No If no, list address: City: State:	1f. Child's Soc. Sec. Number (Mandatory)	1g. Is Child on Medicare or Tricare? ☐ No ☐ Yes If yes, provide Medicare/Tricare Card Number (HIC):	
2a. Child's Last Name First Middle Initial	2b. Child's Date of Birth / /	2c. Child's Gender: ☐ Male ☐ Female	2d. Relationship to Participant: ☐ Son ☐ Daughter ☐ Step Child ☐ Other -Explain:
2e. Does the above named child live at same address as Participant: ☐ Yes ☐ No If no, list address: City: State:	2f. Child's Soc. Sec. Number (Mandatory)	2g. Is Child on Medicare or Tricare? ☐ No ☐ Yes If yes, provide Medicare/Tricare Card Number (HIC):	
3a. Child's Last Name First Middle Initial	3b. Child's Date of Birth / /	3c. Child's Gender: ☐ Male ☐ Female	3d. Relationship to Participant: ☐ Son ☐ Daughter ☐ Step Child ☐ Other -Explain:
3e. Does the above named child live at same address as Participant: ☐ Yes ☐ No If no, list address: City: State:	3f. Child's Soc. Sec. Number (Mandatory)	3g. Is Child on Medicare or Tricare? ☐ No ☐ Yes If yes, provide Medicare/Tricare Card Number (HIC):	
5. Do you need to list more dependents? ☐ Yes ☐ No If yes, please list them on the attached and return with this form.			

Part 4 – Other Insurance Information

1. Are you, your Spouse or Dependent Children insured under any other Plan? ☐ No ☐ Hospital/Medical, ☐ Prescription, ☐ Dental or ☐ Vision	2. If yes, Name of Insurance Carrier:	
3. Policy Number:	4. Insurance Carrier's Phone Number: ( )	5. Family members insured under the Other Insurance Policy (check all that apply): ☐ Self ☐ Spouse ☐ All Children ☐ Child List name(s):

*****PLEASE SEND A COPY OF THE FRONT & BACK OF OTHER INSURANCE AND/OR MEDICARE CARD WHEN YOU RETURN THIS FORM*****

Statement: It is fraudulent to fill out this form with information you know to be false or knowingly omit important facts. Criminal and/or civil penalties can result from such an act. If any of the above information is untrue, I agree to reimburse the Chicago Regional Council of Carpenters Welfare Fund for any money it was induced to pay as a result of the information I provided. Receipt or completion of this form is not a guarantee of eligibility.

X________________________________
Participant's Signature Date

X________________________________
Spouse's Signature Date

Part 3 Continued – Dependent Children Information. Complete all information or the form will be returned to you as incomplete**.**

4a. Child's Last Name First Middle Initial	4b. Child's Date of Birth / /	4c. Child's Gender: ☐ Male ☐ Female	4d. Relationship to Participant: ☐ Son ☐ Daughter ☐ Step Child ☐ Other -Explain:
4e. Does the above named child live at same address as Participant: ☐ Yes ☐ No If no, list address: City: State:	4f. Child's Soc. Sec. Number (Mandatory)	4g. Is Child on Medicare or Tricare? ☐ No ☐ Yes If yes, provide Medicare/Tricare Card Number (HIC):	
5a. Child's Last Name First Middle Initial	5b. Child's Date of Birth / /	5c. Child's Gender: ☐ Male ☐ Female	5d. Relationship to Participant: ☐ Son ☐ Daughter ☐ Step Child ☐ Other -Explain:
5e. Does the above named child live at same address as Participant: ☐ Yes ☐ No If no, list address: City: State:	5f. Child's Soc. Sec. Number (Mandatory)	5g. Is Child on Medicare or Tricare? ☐ No ☐ Yes If yes, provide Medicare/Tricare Card Number (HIC):	
6a. Child's Last Name First Middle Initial	6b. Child's Date of Birth / /	6c. Child's Gender: ☐ Male ☐ Female	6d. Relationship to Participant: ☐ Son ☐ Daughter ☐ Step Child ☐ Other -Explain:
6e. Does the above named child live at same address as Participant: ☐ Yes ☐ No If no, list address: City: State:	6f. Child's Soc. Sec. Number (Mandatory)	6g. Is Child on Medicare or Tricare? ☐ No ☐ Yes If yes, provide Medicare/Tricare Card Number (HIC):	
7a. Child's Last Name First Middle Initial	7b. Child's Date of Birth / /	7c. Child's Gender: ☐ Male ☐ Female	7d. Relationship to Participant: ☐ Son ☐ Daughter ☐ Step Child ☐ Other -Explain:
7e. Does the above named child live at same address as Participant: ☐ Yes ☐ No If no, list address: City: State:	7f. Child's Soc. Sec. Number (Mandatory)	7g. Is Child on Medicare or Tricare? ☐ No ☐ Yes If yes, provide Medicare/Tricare Card Number (HIC):	
8a. Child's Last Name First Middle Initial	8b. Child's Date of Birth / /	8c. Child's Gender: ☐ Male ☐ Female	8d. Relationship to Participant: ☐ Son ☐ Daughter ☐ Step Child ☐ Other -Explain:
8e. Does the above named child live at same address as Participant: ☐ Yes ☐ No If no, list address: City: State:	8f. Child's Soc. Sec. Number (Mandatory)	8g. Is Child on Medicare or Tricare? ☐ No ☐ Yes If yes, provide Medicare/Tricare Card Number (HIC):	
9a. Child's Last Name First Middle Initial	9b. Child's Date of Birth / /	9c. Child's Gender: ☐ Male ☐ Female	9d. Relationship to Participant: ☐ Son ☐ Daughter ☐ Step Child ☐ Other -Explain:
9e. Does the above named child live at same address as Participant: ☐ Yes ☐ No If no, list address: City: State:	9f. Child's Soc. Sec. Number (Mandatory)	9g. Is Child on Medicare or Tricare? ☐ No ☐ Yes If yes, provide Medicare/Tricare Card Number (HIC):	
10a. Child's Last Name First Middle Initial	10b. Child's Date of Birth / /	10c. Child's Gender: ☐ Male ☐ Female	10d. Relationship to Participant: ☐ Son ☐ Daughter ☐ Step Child ☐ Other -Explain:
10e. Does the above named child live at same address as Participant: ☐ Yes ☐ No If no, list address: City: State:	10f. Child's Soc. Sec. Number (Mandatory)	10g. Is Child on Medicare or Tricare? ☐ No ☐ Yes If yes, provide Medicare/Tricare Card Number (HIC):	