ADMINISTRATION OFFICE

4th DISTRICT IBEW HEALTH FUND

9200 U.S. Route 60 * Ona, WV 25545

Telephone: (304) 525-0331 • Fax: (304) 525-6005

www.4thdistricthealthfund.com

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN IN THE ENCLOSED ENVELOPE

Name of Employee: _____ SSN: _____

1.) Are you, the employee, covered by any other group insurance?

Yes _____ No _____

If yes, please provide:

Other Insurance Name: _____

Address: _____

Policy Number: _____

Employer's Name: _____

Effective Date: _____

2.) Is your spouse covered by any other group insurance?

Yes _____ No _____

If yes, please provide:

Other Insurance Name: _____

Address: _____

Policy Number: _____

Employer's Name: _____

Effective Date: _____

SSN: _____

3.) Is your child covered by any other group insurance?

Yes _____ No _____

If yes, please provide:

Other Insurance Name: _____

Address: _____

Policy Number: _____

Employer's Name: _____

Effective Date: _____

Covered Party's Name: _____

Covered Party's SSN: _____