



BAC Local Union 15 Welfare Fund

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Phone (816) 777-2668 · Toll Free (833) 479-9428 · Fax (816) 756-3659

Dear Participant,

So that we may properly administer benefits for your dependent children, there is some additional information we need. Please complete one of these questionnaires for each dependent child so that we may determine applicable eligibility and benefits. Your assistance and prompt attention to this matter are greatly appreciated.

Dependent _____ Birth Date _____ Social Security # _____

Please provide copy of dependent Social Security Card and Birth Certificate if not previously submitted.

1. Father's Name: _____ Birth Date _____

2. Mother's Name _____ Birth Date _____

3. If both parents are still living, please advise if parents are:

_____ divorced (please provide copy of complete divorce decree)

_____ separated (if legally separated, please provide copy separation agreement)

_____ never married

If never married, is there a Qualified Medical Support Order in effect?

_____ No _____ Yes (please provide copy)

4. Child currently resides at: _____
(address)

With _____ Mother _____ Father

_____ Other (please specify) _____

5. Does this dependent have any other insurance besides the BAC Local 15 H&W Plan?

_____ yes

_____ no

Member's Signature _____ Date _____

Member's Name (printed) _____ Social Security Number _____