



## BAC Local Union 15 Welfare Fund

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BAC-Eligibility@wilson-mcshane.com

Please complete this form and sign at the bottom of the page. Attach an additional sheet if necessary.

### Participant Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Social Security Number

### Dependent Child Information

List all eligible dependent children not currently covered that you are adding to your coverage. Attach an additional sheet if necessary. **Please include a copy of their birth certificate. State issued copies only. Souvenir and county copies are not accepted. If the child is a stepchild or if the child's parents are divorced submit a copy of the divorce decree and other court documents specifying who has custody and medical responsibility for the child.**

Relationship (e.g. Son, Stepdaughter)	Last Name	First Name and Middle Initial	Date of Birth (MM/DD/YYYY)	Social Security Number	Does this child have other group coverage? (Including Medicare)
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

### Declaration of Other Coverage

Complete for each dependent above that has other coverage. This information is required for coordination of benefits purposes. Submit a copy of card(s) for each carrier. Attach an additional sheet if necessary.

Policy Holder: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

Plan Name & Address: \_\_\_\_\_

Plan Phone Number: \_\_\_\_\_

Policy Holder:  Active  Retired Follows Birthday Rule:  Yes  No

Coverage Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Check Benefits Provided:  Medical  Prescription  Dental  Vision  Mental Health/Substance Abuse

### Acknowledgement

The Participant must sign below.

I understand that if I or my dependents provide false information to the BAC Local Union 15 Welfare Fund or conceal information, we could be subject to severe penalties under state and federal law and the Fund may seek to recover benefits wrongfully paid or pursue legal remedies against us. I declare under penalty of perjury that the information provided is true and correct.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date