

Blasters, Drillrunners & Miners Union

Local #29 Welfare Fund

43-12 Ditmars Boulevard, Astoria, NY 11105

Phone: (718) 278-5800

Coordination of Benefits Form for Spouse

Date: _____

Members Name: _____ SS# _____

Spouses Name: _____ SS# _____

NO I, _____, hereby swear that I do not have any
(Spouse)
health insurance coverage on my own to include hospital, medical, dental, optical, and
prescription drug benefits.

YES I, _____, do have my own health insurance.
(Spouse)

Please check the appropriate box(es):

- Medical
- Hospital
- Dental
- Optical
- Prescription Drugs
- Medicare Eligible

Insurance Company _____

Policy Number _____ effective date _____

- Individual Plan
- Family Plan

Signature (Spouse) Date _____

State of _____ County of _____

On the _____ day of _____ year _____ before me came _____
who was proven to me on the basis of satisfactory evidence to be the individual described in and who executed the foregoing statement and (s) he
duly acknowledged to me that (s) he executed the same.

Notary: _____

FORM MUST BE NOTORIZED

Blasters, Drillrunners & Miners Union

Local #29 Welfare Fund

43-12 Ditmars Boulevard, Astoria, NY 11105

Phone: (718) 278-5800

Coordination of Benefits Form for Dependent Child

Date: _____

Member Name: _____ SS# _____

Dependent Name: _____ SS# _____

NO I, _____, hereby swear that I am
(Dependent Child)
NOT WORKING or WORKING for an employer who DOES NOT OFFER Health
insurance coverage for hospital, medical, dental, optical, and prescription drug benefits.

YES I, _____, do have my own health insurance.
(Dependent Child)

Please check the appropriate box(es):

- Medical
- Hospital
- Dental
- Optical
- Prescription Drugs
- Medicare Eligible

Insurance Company _____

Policy Number _____ effective date _____

- Individual Plan
- Family Plan

Member Signature (If the child is under 18)

Signature of Dependent Child over 18

State of _____ County of _____

On the _____ day of _____ year _____ before me came _____
who was proven to me on the basis of satisfactory evidence to be the individual described in and who executed the foregoing statement and (s) he
duly acknowledged to me that (s) he executed the same.

Notary Public _____

FORM MUST BE NOTORIZED