

**Iowa Laborers DC H&W Plan**  
3925 Fountains Blvd NE, Suite 104  
Cedar Rapids, IA 52411

Phone: 319-365-2810 Fax: 319-365-1043

**\*MUST RETURN COMPLETED FORMS TO ACTIVATE INSURANCE\***

**Laborer Benefit Information Sheet**

Member's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Local: \_\_\_\_\_ Employer: \_\_\_\_\_

**For family insurance, please list dependents below**

Name (First, M.I., Last)	DOB (MM/DD/YY)	Sex (M/F)	Social Security Number
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Spouse: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

**NOTE - Enclose a copy of the birth certificate and social security card for each child listed.**

**If the last name is different from yours, please explain their relationship to you. Please call or see DOCUMENTATION NEEDED TO ADD/REMOVE DEPENDENTS sheet for further direction.**

Spouse's Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Spouse's effective date of other insurance coverage: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ *Enclose a copy of your Certificate of Marriage.*

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_