

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: _____