Operating Engineers Local 825 Fund Service Facilities

65 Springfield Avenue, Second Floor
Springfield, New Jersey 07081
(973) 671-6800

Pre-Cert and PPO
(800) 677-3237

Dear Member:

Please complete the following information and return this form.

1. **Member's Name & SSN:** _____

2. **Member's Phone:** (home) _____ (cell) _____

3. Is your spouse currently eligible for Social Security Disability Benefits? ☐ Yes ☐ No
   If yes, please provide a copy of the Social Security Disability Award Certification

4. Is your Spouse employed? ☐Yes ☐ No. If "yes", please complete the following:

   Spouse's S.S. No: _____ Employer: _____

   Address: _____

5. Is spouse also covered under any group health insurance or group prepayment plan? ☐Yes ☐ No

   If "yes", please complete the following: Is this single or family coverage? ☐ Single ☐ Family
   Submit copy of insurance ID card (front and back).

	YES	NO
Medical	☐	☐
Hospital	☐	☐
Medicare	☐	☐
Prescriptions	☐	☐
Vision	☐	☐
Dental	☐	☐
Orthodontics	☐	☐
Mental Health	☐	☐

Insurance Carrier: _____ Policy Number: _____

Effective Date: _____ Address: _____

Phone No: _____

If your spouse's insurance coverage has terminated, please forward a letter from her/his insurance carrier reflecting termination date.

_____ _____

Member's Signature **Date**