

Roofers' Welfare Fund

Fund Office
2021 Swift Drive, Suite B
Oak Brook, IL 60523

Phone: (847) 827-1029
Fax: (847) 827-6358

Date: _____

Employee Name: _____

SSN OR ITIN: _____

Address: _____

Phone: _____

***** IMPORTANT INFORMATION REQUEST *****

To comply with Federal reporting guidelines, we must have the name, birth date, and Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) of every person covered under our Plan. **Please complete this form within 30 days of the date shown above and return it in the self-addressed envelope provided.** Claims may be delayed if we do not receive this information from you.

PLEASE SEND THE FOLLOWING TO US WITH THIS COMPLETED FORM:

- For a Spouse, a **certified copy** of the marriage certificate **and** verification of their Social Security number.
- For a natural Child, a **certified copy** of the birth certificate **and** verification of their Social Security number.
- For a stepchild, a **certified copy** of the Child's birth certificate, verification of their Social Security number **and** a certified copy of the divorce decree **and/or** custody agreement showing that the Spouse of the Eligible Employee (or Eligible Retiree) has custody of the Child (and who is responsible for the Child's health care expenses).
- For other Children, a **certified copy** of the birth certificate, verification of their Social Security number **and** a certified copy of the court or paternity order, a Qualified Medical Child Support Order (QMCSO), **or** evidence acceptable to the Fund that the Child has been placed in the care of the Eligible Employee (or Eligible Retiree) for adoption. Original certificates will be copied at the Fund Office for file and returned to you.

PLEASE LIST EACH PERSON'S NAME, BIRTH DATE, AND SOCIAL SECURITY NUMBER OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN):

<u>DEPENDENT NAME & RELATIONSHIP</u>	<u>BIRTH DATE</u>	<u>SSN or ITIN</u>