

TOLEDO ELECTRICAL WELFARE FUND

P.O. BOX 60408, ROSSFORD, OH 43460

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HEALTH APPLICATION FORM FOR:

SURVIVING SPOUSE, SURVIVING DEPENDENT

SURVIVING SPOUSE/DEPENDENTS

SURVIVING SPOUSE/MEDICARE

Name: _____

Address: _____

Telephone Number: _____

Date of Birth: _____ Social Security Number: _____

Please enclose a copy of your birth certificate with this application. In addition to your birth certificate, if you are under Medicare, please attach a copy of your Medicare card.

Surviving Spouse: _____ Date: _____

Guardian: _____ Date: _____

SURVIVING ELIGIBLE DEPENDENTS

If you are a surviving spouse with eligible dependents please list them below.

Please enclose a copy of the birth certificate (s) for each dependent listed.

Name (s):

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____