



# Operating Engineers Local 825 Fund Service Facilities

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Springfield, New Jersey 07081  
(973) 671-6800

Pre-Cert and PPO  
(800) 677-3237

## EMPLOYER TRUSTEES

JACK KOCSIS, JR., CO-CHAIRMAN  
ARTHUR B. CORWIN  
BRENDAN MANNING  
DAVID MURAWSKI

SHERRY VISO  
ADMINISTRATOR



## UNION TRUSTEES

GREGORY LALEVVE, CO-CHAIRMAN  
JOSEPH A. GRACE, JR.  
ALEX KOLBASOWSKI  
JOHN WOOD

Dear Member:

Please complete the following information and return this form.

1. Member's Name & SSN: \_\_\_\_\_
2. Member's Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_
3. Will your spouse be retaining her/his maiden name?  Yes  No  
*If yes, please provide supporting documents.*
4. 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.*
5. Is your spouse employed?  Yes  No. If "yes", please complete the following:  
Your spouse's S.S. No: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_
6. Is your 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

	YES	NO
Medicare	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>
Orthodontics	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_

Please submit a copy of each insurance card, both front and back, for each insurance checked above.

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

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date