

Plumbers Local 360

Employee/Dependent Verification

Return this form to:
 J.W Terrill, a Marsh & McLennan
 Agency LLC company
 PO Box 6877
 Chesterfield, MO 63006 - 6877

Section I: Employee Information

Employee Member Name: _____

Employees Member SS#: _____ Date of Birth: _____

Home address: _____

Section II: List below eligible dependents: Please state what the Dependent's relationship is to the employee: (spouse, natural child, stepchild, foster child, or adopted child)

Dependent Name	Date of Birth	Relation to employee	Sex	SSN	Is Dependent covered under any other group coverage?
		Spouse	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your spouse employed: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Is your spouse eligible for insurance coverage through his/her employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please complete the Other Group Coverage section on the back of this form.					
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section III: Mailing address for Dependents 19 and Older (if different than the employee's address)

Dependent(s) Name	Address

If any dependents have coverage through another group health plan, please complete Section IV on the back of this form.

I certify that the above information is true and complete and that if any changes occur, I will promptly notify J.W.Terrill a Marsh & McLennan Agency LLC company.

 Participant's Signature

 Date

