



Musicians Health Fund

322 West 48th Street, New York, NY 10036

Phone: 212-245-4802 i Fax: 212-245-2304

E-mail: hbp@local802afm.org

DEPENDENT INFORMATION FORM

Dear Local 802 Musicians Health Fund participant:

In order to have claims processed for your dependents (spouse or children) you must complete the information requested below and return it immediately (*even if you have provided information in the past*) to: Local 802 Musicians' Health Fund
322 W. 48th Street, New York, NY. 10036 or fax to (212) 245-2304 or e-mail to:
hbp@local802afm.org . Without this information, claims for your dependents will not be honored for payment.

PLEASE NOTE: If you do not return this form, we must assume that you have no dependents.

Your (Member) Name: _____
Your (Member) SSN: _____
Your (Member) Birthdate: _____
Your (Member) Address: _____

DEPENDENT (INCLUDING SPOUSE) INFORMATION

(FOR SPOUSE, PLEASE ALSO INDICATE MARRIAGE DATE)

<u>NAME</u>	<u>SS NUMBER</u>	<u>ADDRESS (IF DIFFERENT)</u>	<u>DATE OF BIRTH</u>	<u>GENDER</u>	<u>RELATION TO MEMBER</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- i MARRIAGE DATE: _____ (PLEASE ATTACH COPY OF MARRIAGE CERTIFICATE)
- i BIRTH CERTIFICATES REQUIRED FOR ALL DEPENDENT CHILDREN

MEMBER'S SIGNATURE _____ DATE _____

PLEASE COMPLETE AND RETURN IMMEDIATELY