

NEW MEXICO PIPE TRADES TRUST FUNDS ADMINISTRATIVE OFFICES

HEALTH AND WELFARE TRUST FUND

6301 Indian School Rd. Ste. 660
Albuquerque, NM 87110

PENSION TRUST FUND

JOINT APPRENTICESHIP TRAINING FUND

877-624-6254
FAX 505-884-7968

Member # _____

Member Name: _____

Patient Name: _____

In order to determine our liability we need additional information on you and/or other family members concerning other insurance. This information will be updated yearly.

Do you have other insurance covering this claim? _____

Are you or your dependents covered by any other insurance? _____

If you answered yes to either of the above questions, please answer the following questions completely:

Full Name of person insured with other insurance: _____

His/Her Social Security number and date of birth: _____

Are dependents covered under this plan? _____

Is this a group policy or an individual policy? _____

Effective date of the other insurance: _____

Policy number of the other insurance: _____

Complete name, address and phone number of the other insurance: _____

I hereby certify that the above information is complete and true to the best of my knowledge:

Signature: _____ Date: _____