

**Heating, Piping and Refrigeration
Medical, Pension and Training Funds
Steamfitters Local Union 602 Retirement Savings Plan**

9411 Philadelphia Road, Suite S - Baltimore, Maryland 21237

Telephone Numbers: (410) 444-3756 (800) 618-2879 Fax (410) 444-0035

Declaration of Health Insurance

Check here if **NO OTHER COVERAGE** available to you, your eligible spouse and/or dependents and sign & date this form at the bottom.

- OR -

If you, your spouse and/or dependent children have other coverage, **please complete the form below and return with a copy of the other carrier's identification card.**

Other Coverage Carrier Name	Policy Holder's Name	Type of policy (Retiree plan, Active plan etc.)	Effective date
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List who is covered and relationship to policy holder

Type of Coverage (Check all that apply)

Medical Dental

Vision Prescription Drug

Other Coverage Carrier Name	Policy Holder's Name	Type of policy (Retiree plan, Active plan etc.)	Effective date
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Medical Dental

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Type of Coverage (Check all that apply)

Medical Dental

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Important: If the other coverage terminates, the Fund requires a copy of the HIPPA notice issued from the other carrier. This notice is required to be mailed upon termination.

Print Name

Member Signature

Date

SS#