

**SECURITY WORKERS HEALTH & WELFARE FUND  
SECURITY WORKERS 401(k) PLAN  
SECURITY WORKERS VACATION FUND**

**9411 PHILADELPHIA ROAD, SUITE S ♦ BALTIMORE, MARYLAND 21237-4168**

Telephone: 410-444-3759  
800-592-8902

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)
_____	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
	<input type="checkbox"/> Vision <input type="checkbox"/> Prescription Drug

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_____	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
	<input type="checkbox"/> Vision <input type="checkbox"/> Prescription Drug

**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#