

CARPENTERS' HOSPITALIZATION PLAN

3611 CHESTER AVENUE • CLEVELAND, OHIO 44114 • PHONE (216) 361-6190 • FAX (216) 361-0142
TOLL FREE NUMBER (800) 421-3959 • www.ohiocarpservoff.org

NAME _____

SOCIAL SECURITY NUMBER _____

LOCAL UNION NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

Board of Trustees of the Cleveland and Vicinity Carpenters' Hospitalization Plan:

Due to hardship reasons I am unable to pay for my hospitalization coverage for the current quarter and I request the Board of Trustees of Carpenters' Hospitalization Plan permit me to apply a sufficient amount of my Hospitalization Death Benefit to pay my hospitalization coverage for the _____, 20____ quarter.

SIGNATURE

DATE

~ ~ ~ ~ OFFICE USE ONLY ~ ~ ~ ~

DEATH BENEFIT BALANCE - - - - - \$ _____

SELF-PAY AMOUNT DUE - - - - - \$ _____

Check # _____ \$ _____

NEW DEATH BENEFIT BALANCE - - - - - \$ _____