

TOLEDO ELECTRICAL WELFARE FUND

APPLICATION FORM FOR:

**SURVIVING SPOUSE
SURVIVING DEPENDENT
SURVIVING SPOUSE/DEPENDENTS
SURVIVING SPOUSE/MEDICARE**

(Please Print)

Name: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Social Security Number: _____

Please enclose a copy of your birth certificate with this application. In addition to your birth certificate, if you are under Medicare please send a copy of your Medicare card.

If you are a surviving spouse with eligible dependents please list them on the reverse side of this form.

Surviving Spouse: _____

Date: _____

Guardian: _____

Date: _____

-Over-

TOLEDO ELECTRICAL WELFARE FUND
SURVIVING ELEGIBLE DEPENDENTS

(PLEASE PRINT)

Name (s):

_____	Date of Birth: _____
_____	Date of Birth: _____
_____	Date of Birth: _____
_____	Date of Birth: _____

Please enclose a copy of the birth certificate (s) for each dependent listed.