Laborers and Operating Engineers Utility Agreement Trust Funds for Arizona

HEALTH AND WELFARE | ADMINISTRATIVE OFFICE | VACATION

2400 W. Dunlap Ave., Suite 250
Phoenix, AZ 85021
(602) 249-3582

Date: ______________________ SS#: ______________________

______________________ Provider: ______________________

______________________ Dependent: ______________________

______________________ Date of Service: ______________________

Dear Plan Participant:

In order to process claims on the above mentioned patients, please provide the following information:

1. ☐ Please provide information regarding the natural father/mother of the above patient:

   a) Name: ______________________

   b) Date of Birth: ______________________

   c) Employer's Name: ______________________

   Employer's Phone Number: ______________________

   d). Does the natural father/mother receive medical/dental dependent coverage through their employer? ____________
   Name and phone # of coverage: ______________________

   e) Do natural parents reside together? ______________________

   f) If natural parents do not live together, were they ever married to each other? ____________

   g) If natural parents do not live together, is other parent remarried? ________

2. ☐ Please provide a copy of birth certificate.

3. ☐ If natural parents are divorced, please submit a copy of the front and last page of your final divorce decree, and please also include the page that indicates which parent is responsible for your dependent's insurance coverage.

4. ☐ If the natural parent was ordered by Child Support Enforcement to provide insurance for the above dependent, please submit a copy of the court order.

5. ☐ Please submit a copy of your marriage certificate.

6. ☐ Other: ______________________

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Please return this letter with the information requested in order to avoid any further delays in the processing of your claim(s). If you have any questions, please feel free to call our customer service department.

Sincerely,
Southwest Service Administrators Inc.