



# IRON WORKERS' Tri-State Welfare Fund

18861 90<sup>th</sup> Avenue, Suite A  
Mokena, Illinois 60448  
Toll-Free 866-463-9418  
Fax 630-967-3080  
[www.tristatewelfarefund.com](http://www.tristatewelfarefund.com)  
tristate@zenith-american.com

## RELEASE OF CLAIMS INFORMATION

In order to see your family's claims information on the Iron Workers' Tri-State Welfare Fund's web site, you must return this form to the Fund Office. Your family's information on the web site will be password protected. Please complete the form, have all your family members who are at least 18 years old sign this waiver, and return this form to:

Iron Workers' Tri-State Welfare Fund  
18861 90<sup>th</sup> Avenue Suite A  
Mokena, Illinois 60448

### Member Information

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Name

Social Security Number

### Member Attestation

I attest that the individuals listed on the next page are **all** of the individuals in my family who are covered under the Plan and age 18 or over.

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Name

Signature

Date

**Family Member Release of Claim Information**

I give the Fund permission to show my claims information, with password protection, on the web site for my family members to view.

Please list the family members who are age 18 and over, including yourself and your spouse.

<b>Name</b>	<b>Social Security Number</b>	<b>Signature</b>