



REQUEST FOR CERTIFICATE OF CREDITABLE COVERAGE

Name of Participant: _____

Social Security Number: _____

Address where certificate should be mailed: _____

Telephone Number: _____

Name, social security number and relationship of any dependents for who certificates are requested (and their addresses, if different from above):

Participant's Signature

Date

This Form can either be faxed or mailed to Melanie Adams using the information listed below. The Form can also be scanned and emailed to Melanie at madams@uswbenefitfunds.com.