INTERNATIONAL ALLIANCE OF
THEATRICAL STAGE EMPLOYEES LOCAL 22
PENSION AND WELFARE FUNDS

(TO BE COMPLETED BY DISABLED AND RETIRED PARTICIPANTS)

Name:_____

Member ID or SSN:_____ Date of Birth:_____

Do you have a **SOCIAL SECURITY DISABILITY AWARD**? ☐ NO ☐ YES
If yes – submit a copy of your Social Security Disability Award along with this form

If you are enrolled in Medicare, please provide the following information:

Please provide your Medicare insurance information

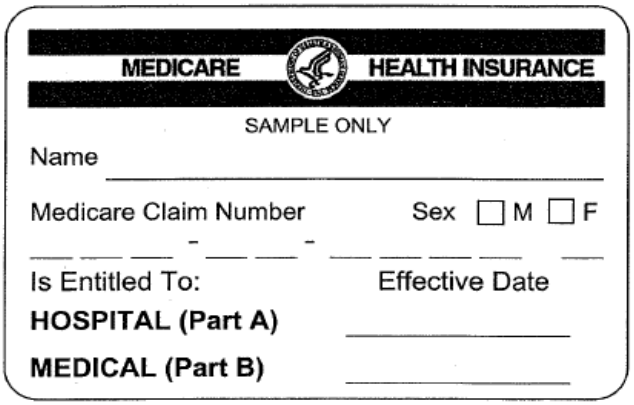
Please take out your Medicare card to complete this section.

- Please fill in these blanks so they match your red, white and blue Medicare card

- OR -

- Attach a copy of your Medicare card or your letter from the Social Security Administration or Railroad Retirement Board.

You must have Medicare Part A and Part B



▲This is for YOUR Medicare Information▲

Marital Status ☐SINGLE ☐MARRIED ☐WIDOWED ☐DIVORCED ☐SEPARATED

THE FOLLOWING INFORMATION PERTAINS TO YOUR SPOUSE:

Spouse's Name:_____

Spouse's SSN:_____ Spouse's Date of Birth:_____

Does your **Spouse** have a **SOCIAL SECURITY DISABILITY AWARD**? ☐NO ☐YES
If yes – submit a copy of the Social Security Disability Award along with this form

If your spouse is enrolled in Medicare, please provide the following information:

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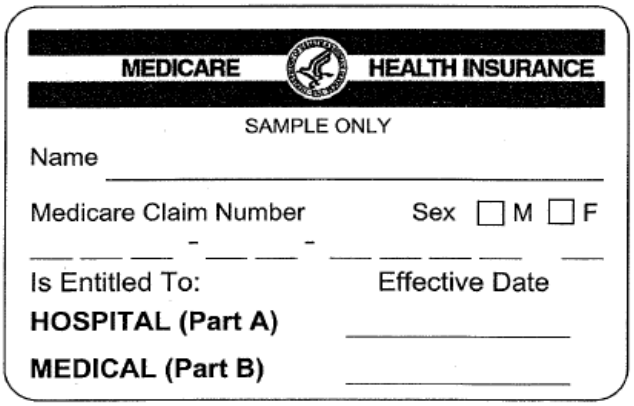

▲This is for your SPOUSE'S Medicare Information▲

IF ANY OF THE ABOVE INFORMATION CHANGES, IT IS YOUR RESPONSIBILITY TO CONTACT THE FUND OFFICE, IMMEDIATELY.

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

_____ _____

Date Signature of Participant

_____ _____

Date Signature of Spouse

Daytime telephone number where you can be reached: _____

(PLEASE INCLUDE AREA CODE)

Please mail your completed form to:

IATSE Local 22 Welfare Fund
6525 Centurion Drive
Lansing, MI 48917
(800) 941-2752