

MIDWEST OPERATING ENGINEERS FRINGE BENEFIT FUNDS

WELFARE FUND • PENSION TRUST FUND • VACATION SAVINGS PLAN
6150 JOLIET ROAD • COUNTRYSIDE, IL 60525-3994 • (708) 482-7300 • FAX (708) 482-3056
JAMES M. SWEENEY, CHAIRMAN JOHN E. KENNY, JR., SECRETARY-TREASURER

CUSTODIAL PARENT QUESTIONNAIRE

MEMBER'S NAME: _____ SOCIAL SECURITY NUMBER: _____

CHECK ONE BOX FOR EACH DEPENDENT

DEPENDENT'S NAME	RELATIONSHIP TO MEMBER	DATE OF BIRTH	LIVES IN MEMBER'S HOME	DOES NOT LIVE IN MEMBER'S HOME	FULL-TIME STUDENT	DISABLED ADULT

If you have physical custody of all your dependents, you do not need to complete the remainder of this form. Please sign and date the bottom and return to the Fund Office.

Name and address of Custodial Parent:

Name: _____
Street Address: _____
City, State, Zip: _____
Parent's Employer: _____

If the custodial parent has remarried, the name of custodial parent's spouse:

Name: _____
Employer: _____

The name and address of the employer(s) of the custodial parent:

Employer's Name: _____
Employer's Address: _____
Employer's City, State, Zip: _____

The name and address of the employer(s) of the custodial parents' spouse:

Employer's Name: _____
Employer's Address: _____
Employer's City, State, Zip: _____

Member's Signature: _____ Date: _____