Alaska United Food and Commercial Workers Trust Funds

Physical Address 7525 SE 24th Street Suite 200 Mercer Island, WA 98040 • Mailing Address PO Box 34203 Seattle, WA 98124
Phone (206) 441-7574 or (800) 478-8329 • Fax (206) 441-9110 • Website www.akufcwtrust.com
Administered by
Welfare & Pension Administration Service, Inc.

Date:

Patient Name:
Address:

Member Name:
WPAS ID Number:

Please note that this is the only request for information that you will receive. Failure to respond within 45 days may result in denial of this claim.

Before we can process claims for this dependent child, we must ask you to answer the following questions:

1. What is our member's relationship to the above child? (Check one)
   ☐ Natural Mother ☐ Step-Mother
   ☐ Natural Father ☐ Step-Father
   ☐ Other, please explain:_____
   Name of child's natural parents _____
   Natural parent's divorce date if applicable _____
   If natural parents have remarried, please indicate name of new spouse and date of marriage.
   Mother_____
   Father _____

2. With whom does the child reside? Name_____
   Address_____
   Relationship to child_____

3. Does the divorce decree state who is financially responsible for the child's health care expenses?
   ☐ Yes ☐No (If yes, please indicate the name of person financially responsible):
   _____

4. Natural Mom date of birth: _____ Natural Dad date of birth _____
   Please send copy of divorce decree and parenting plan or other court documents assigning financial responsibility.
   Does this child have other insurance coverage? ☐ Yes ☐No

   If child is covered by more than one plan please indicate name and address of other insurance carrier. Include that member's name, policy and group no.

_____ _____
Member's Signature Date

The handling period for this claim is 30 days. Due to this request for information, which is necessary to decide the claim, the handling period on this claim is extended by 15 days.

WPAS Employee Benefit Department Email claimstatus@wpas-inc.com