



Laborers' COMBINED FUNDS OF WESTERN PENNSYLVANIA

Serving the Laborers' District Council of Western Pennsylvania
Pension Fund, Welfare Fund and other affiliated Funds



12 EIGHTH STREET • SUITE 500 • PITTSBURGH, PENNSYLVANIA 15222
PHONE: 412-263-0900 • WEBSITE: www.lcfowpa.com

REQUEST TO TERMINATE ELIGIBLE DEPENDENT(S) FROM WELFARE FUND COVERAGES

The undersigned Eligible Employee under the Laborers' District Council of Western Pennsylvania Welfare Fund requests that coverages for my Eligible Dependent(s) listed below be terminated from all Welfare Fund benefits coverages (including medical, dental, prescription drug, vision and death benefits), effective as of the first day of the calendar month following the date of receipt of this request by the Welfare Fund. If you want to pick a later month beginning date for the termination of the Dependent(s) state it here _____.

Dependent Name	Relationship	Social Security Number

I understand I must provide proof that the Eligible Dependent(s) I have identified above have alternative health care coverages available before this change in coverages can become effective.

Eligible Employee's Name (PLEASE PRINT)

Phone #

Signature of Eligible Employee

Date

Eligible Employee's Social Security #

REQ TO TERM CONJUNCT

For Calls Made in Pennsylvania but Outside Metropolitan Pittsburgh, Use Toll Free Number: 1-800-242-2538

FAX NUMBERS: Benefits Dept. – 1-412-263-2813 • Reports Dept. – 1-412-263-2825 • Administrative Dept. – 1-412-263-2084

EMAIL: Welfare Dept - benefits@lcfowpa.com • Pension Dept - pension@lcfowpa.com • Reports Dept – reports@lcfowpa.com