Health & Welfare Fund
H&W
LOCAL 399

REQUEST FOR H&W IDENTIFICATION CARD

IUOE • Local 399 Health & Welfare Fund
2260 S. Grove Street • Chicago, IL 60616
Phone: (312) 372-9870 Ext. #3
Fax: (312) 842-0291

Please use this form to request a new, replacement or additional identification card for your medical, prescription drug or dental benefits. The identification card will be in the member's name but may be used for eligible dependents.

Member Name: _____

H&W Identification Number: 93990 ___ ___ ___ ___

Or Member Social Security Number: _____ / _____ / _____

Member's Current Address: _____

City: _____ State: _____ Zip: _____

☐ Please send an IUOE Local 399 H&W - **BCBS** Identification Card (**MEDICAL)**

☐ Please send an IUOE Local 399 H&W - **Caremark** Identification Card (**PRESCRIPTION)**

☐ Please send an IUOE Local 399 H&W - **Delta Dental** Identification Card (**DENTAL)**

Please return this form by mail, in person or by fax (see above)