

**Marble Industry Supplemental Fund**

253 West 35th Street, 12th Floor

New York, N.Y. 10001

(212) 505 – 5050

Email: [Applications@dhcook.com](mailto:Applications@dhcook.com)

**Application for Supplemental Benefit for Medical**

All Medical claims **MUST be processed by Benefits before the claim is processed by The Supplemental Department** for possible reimbursement for any out of pocket medical expenses not reimbursed by Marble Insurance and Welfare Fund. This application must be accompanied by proper proof.

Member’s Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number / Street Name City State Zip

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Tel/Cell Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**If claim is for eligible dependent:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Reason for Claim:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

**Do you want your benefit check deposited directly into your Bank Account on record?** \_\_\_ Yes \_\_\_ No

**If yes, please enter the last four digits of your Bank Account:** \_\_\_\_\_

I have attached all required itemized bills, receipts and Explanation of Benefits (E.O.B.), where applicable, substantiating the above request.

I hereby authorize any hospital, physician, dentist, or any other qualified provider of covered services who has attended, examined or rendered services to me or an eligible dependent; or any business firm or other person that has had business dealings with me or an eligible dependent to disclose when requested to do so by the Board of Trustees or at their direction, any and all pertinent information in connection with this claim.

I swear that foregoing statements and enclosed documents, where applicable, are true and accurate to the best of my knowledge, knowing that the Board of Trustees will rely on same in consideration of this claim.

**Member’s Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**This application MUST be accompanied with proper proof.**