

CERTIFICATION OF ELIGIBILITY FOR SELF-PAY STATUS

I, _____, hereby certify that I meet all of the Building Trades Health and Welfare Fund's eligibility requirements for self-pay status. I certify that I AM OR WAS CURRENTLY OUT OF WORK, that I AM OR WAS REGISTERED ON MY LOCAL UNION'S OUT OF WORK LIST, that I AM AVAILABLE FOR WORK (UNLESS I HAVE RECENTLY RETURNED TO WORK), and THAT I HAVE NOT REFUSED ANY WORK WHICH HAS BEEN OFFERED TO ME THROUGH MY LOCAL UNION. I further certify that the self-payment I submit to the Building Trades Health & Welfare Fund represents my certification that I continue to meet all requirements for, and remain eligible for self-pay status.

WITNESS

MEMBER

DATE: _____

FOR OFFICE USE ONLY ** DO NOT WRITE BELOW THIS LINE
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___ APPROVED

___ DISAPPROVED

DATE: _____

AUTHORIZED SIGNATURE