

**CHARLES TOWN WELFARE BENEFIT TRUST  
OWNERS/TRAINER FORM  
MEMBERSHIP INFORMATION**

**YELLOW FORM**

NAME \_\_\_\_\_  
(Print) LAST FIRST MIDDLE DATE OF BIRTH

STABLE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Spouse: \_\_\_\_\_  
If Different

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

TYPE OF LICENSE \_\_\_\_\_ SS# or TIN# \_\_\_\_\_

Spouse SS# or TIN# \_\_\_\_\_

**LIST EMPLOYEES**

NAME \_\_\_\_\_ LENGTH OF EMPLOYMENT \_\_\_\_\_

NAME \_\_\_\_\_ LENGTH OF EMPLOYMENT \_\_\_\_\_

NAME \_\_\_\_\_ LENGTH OF EMPLOYMENT \_\_\_\_\_

**DEPENDENTS**

SPOUSE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME OF CHILDREN \_\_\_\_\_ AGE \_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_

STUDENT'S \_\_\_\_\_ SCHOOL \_\_\_\_\_

**INSURANCE**

WORKERS COMPENSATION \_\_\_\_\_

BLUE CROSS \_\_\_\_\_

OTHER \_\_\_\_\_

**These bills are not workers compensation related.**

**The undersigned hereby states that all information given on this application is true.**

**Subject to forfeiture of benefits if found to be falsified**

**All benevolence is subject to availability of funds**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**CHARLES TOWN WELFARE BENEFIT TRUST  
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**AUTHORIZATION FOR USE AND DISCLOSURE OF INFORMATION**

**I hereby authorize Charles Town HBPA WELFARE BENEFIT TRUST to obtain individually identifiable health information from health providers (including) pharmacists, who have rendered services to me and consent to those health care providers disclosure of such information to the trust for purposes of claims processing, payment and/or reimbursement.**

**I hereby authorize Charles Town HBPA WELFARE BENEFIT TRUST to obtain individual information pertaining to the status of eligibility rendered to my dependants.**

I understand that this authorization will expire on 12/31/2011

**I understand that I may revoke this authorization at any time by notifying the Trust in writing. The revocation will have no affect on actions taken by the Trust prior to receipt of the revocation.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**YOU MAY REFUSE TO SIGN THIS AUTHORIZATION**