



3DWLW DPB

FFWB

1. RRELY 9WDM ELLW M IR

2. RRELYLELLWVGWDFN/BRDP M No

If yes date benefits began

If yes are the services you will be receiving related to a non black lung condition? Yes No

3. EDWVLMMLMVGWRDRNDWG DFFLGWERGLWLR M IR

IMGDW RIDMMV BBBBBBBBBBBBBBBBBBBBBB

4. EDWVLMMLMVDWGWDR DWRPRELDEFLGW M

If yes date of accident

5. as this injury illness related to an accident in which you intend to file liability suit or litigation pending?

Yes No

If yes please provide Attorney's name

Address

hone number

6. RWLWGWROGLFDEEDVGR Age (65 & over) go to question 7

Disability go to question 7

End Stage Renal Disease

Do you have group health plan coverage? Yes No

RWLW RWERRGLDWLRSIRGM IR

REWPSRG M No Date of retirement

a. Is your spouse employed? Yes IR Date of retirement

b. Do you have a group health plan as primary coverage based on your own or a spouse's current (or former) employment? Yes No

c. Does the employer that sponsors your group health employ 20 or more employees? Yes No

IRDMGMWRMWRMRDERYSDFRPSWWRRIIDIRPDWLR :

MDFR B

GGMVB B

3RLEW B

RSDPDGPE

6LDW RIDWLW5SMWDWLY

DW

5DWLRMLSWRSDWLW









