

MICHIGAN CARPENTERS' FRINGE BENEFIT FUNDS

Michigan Carpenters' Health Care Fund
Michigan Carpenters' Pension Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

Physical Verification Form

Member Instructions:		Date of Physical (mm/dd/yyyy)	
Complete the top section of this form and take it to your physician to complete the bottom part of the form.			
Participant Last Name	Participant First Name		
Participant Signature	Participant Identification # or Social Security #		
	Participant Telephone Phone #		
<p>Physician instructions:</p> <p>Please complete all the fields below, sign this form, and FAX or MAIL the completed form to</p> <p style="text-align: center;">Michigan Carpenters' Health Care Fund 6525 Centurion Drive Lansing, MI 48917 Fax (517) 321-7508 Toll free (800) 273-5739</p>			
Physician Signature: I verify that the above participant has had a routine physical.			
Physician Last Name	Physician First Name		
Physician Signature	Physician telephone number	Date(mm/dd/yyyy)	
<p>Fund Office Use:</p> <p>Updated BMS _____ Updated BCBSM effective _____ Division # _____ Examiner _____</p>			