

MICHIGAN CARPENTERS' FRINGE BENEFIT FUNDS

Michigan Carpenters' Health Care Fund
Michigan Carpenters' Pension Fund
Michigan Carpenters' Apprenticeship & Training Fund

Physical Verification Form

Member Instructions: Complete the top section of this form and take it to your physician to complete the bottom part of the form.		Date of Physical (mm/dd/yyyy)	
Participant Last Name		Participant First Name	
Participant Signature		Participant Identification # or Social Security #	
		Participant Telephone Phone #	
Physician instructions: Please complete all the fields below, sign this form, and FAX or MAIL the completed form to Michigan Carpenters' Health Care Fund 6525 Centurion Drive Lansing, MI 48917 Fax (517) 321-7508 Toll free (800) 273-5739			
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)
		Fund Office Use: Updated BMS _____ Updated BCBSM effective _____ Division # _____ Examiner _____	