



15800 Pines Blvd, Suite 201, Pembroke Pines, FL 33027  
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**MCASF Local 725 HEALTH & WELFARE SUPPLEMENTAL SELF-PAY ELECTION FORM**

**Instructions:** To elect Supplemental Self-Pay Coverage, complete this Election Form and return it to us. Under Plan Rules, you must elect coverage within 30 days after termination of the last coverage under which you were covered. **Send completed Election Form to:**

MCASF Local 725 Health & Welfare Trust Fund  
 c/o Benefit Services  
 15800 Pines Blvd., Suite 201  
 Pembroke Pines, FL 33027

This Election Form must be completed and returned by mail. If mailed, it must be post-marked no later than 30 days from the date of your termination of coverage.

If you do not submit a completed Election Form by the due date noted above, you'll lose your opportunity to elect Supplemental Self-Pay Coverage. Rules for the coverage is included with this election form.

I (We) elect Supplemental Self-Pay Coverage in the MCASF Local Union No. 725 Health & Welfare Trust Fund listed below:

Name	Relation	Date of Birth	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
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