

**Marble Industry Funds
253 West 35th Street, 12th Floor
New York, N.Y. 10001
(212) 505 – 5050**

Application for Additional Security Benefits

Name: _____ Local No. _____

Address: _____
(Street No.) (Street Name) (City) (State) (Zip)

Social Security No. _____ - _____ - _____ Telephone No. (_____) _____ - _____

Claim for self or eligible dependent:

Name: _____ Age _____ Relationship: _____

Reason for claim: _____

Amount Requested: \$ _____

Attach all itemized bills and an explanation of benefits, where applicable, substantiating the above request.

Date: _____/_____/_____ Your Signature: _____

I hereby authorize any hospital, physician, dentist or any other qualified provider of covered services who has attended, examined, or rendered services to me or an eligible dependent; or any business firm or other person that has had business dealings with me or an eligible dependent to disclose when requested to do so by the Board of Trustees (or at their direction), any and all pertinent information in connection with this claim.

I swear that the foregoing statements and enclosed documents, where applicable, are true and accurate to the best of my knowledge, knowing that the Board of Trustees will rely on same in consideration of this claim.

Signed _____