



**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**

carpenterfunds.com

265 Hegenberger Road, Suite 100
Oakland, California 94621-1480
Toll-Free: (888) 547-2054
Phone: (510) 633-0333
benefitservices@carpenterfunds.com

To: Plan Participant and/or Dependent
From: Carpenters Health and Welfare Trust Fund for California
RE: Medicare Crossover Request

By making a Medicare “crossover request” you are granting permission to Medicare to send your claims automatically from Medicare to Carpenters Health and Welfare Plan for secondary payment (Medicare will be making the primary payment). By setting up the automatic process, you will not be required to submit claims yourself to the Carpenter’s Plan when you receive your Explanation of Benefits from Medicare. Medicare will take care of that process for you.

To make the crossover request, please complete this form and return to the Carpenters Trust Fund Office with a copy of your Medicare ID card showing your enrollment in Medicare Parts A and B.

ID Number: _____
(UBC, CFAO or SSN)

I would like to be setup for a Medicare Crossover.

Signature

Date

Printed Name