Roofers Local No. 20 Health and Welfare Fund and Pension Trust Fund

HEALTH AND WELFARE EMPLOYER TRUSTEES ANDREW CHRIST JOHN DALY MATTHEW McNAMARA

6321 Blue Ridge Blvd., Suite 101 Raytown, Missouri 64133 816-313-9427 Fax 816-313-0004 **489**

HEALTH AND WELFARE UNION TRUSTEES STEVE GERCONE JOE LOGSDON PAUL POST

PENSION EMPLOYER TRUSTEES MATT PIERCE MARY MCNAMARA JAMES BOLAND

PENSION UNION TRUSTEES STEVE GERCONE JOE LOGSDON PAUL POST

Annual Physical Examination Incentive Verification

his is to verify, that I,	· ,	ne) have completed my
	(Date).	
Covered Member or Spouse Name:	Covered Member or Spouse Signature:	Date:
Physician Name:	Physician Signature:	Date:
Please print the following information:		
Member	For	ns can be submitted to:
Work Phone	Roo	fers Benefits Office
Email Address	6321 Rays	Blue Ridge Blvd., Suite 101 own, MO 64133
Michelle R If you have any questions, ple PARTICIPANTS AF mburnette@roofers20kcbenefits.co	e for your records and provide the original to those, by no later than November 15, 2024, ease contact Michelle Ross at (816) 313-9427 or RE RESPONSIBLE FOR THE SUBMISSION Of m sbaker@roofers20kcbenefits.com mross	fax (816) 313-0004
Michelle R If you have any questions, ple PARTICIPANTS AF mburnette@roofers20kcbenefits.co nnual Physical Examination Incenting	oss, by no later than November 15, 2024. ease contact Michelle Ross at (816) 313-9427 or RE RESPONSIBLE FOR THE SUBMISSION O m sbaker@roofers20kcbenefits.com mross CUT HERE	fax (816) 313-0004 F FORMS. @roofers20kcbenefits.com
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Michelle Ross, by no later than **November 15, 2024**.

If you have any questions, please contact Michelle Ross at (816) 313-9427 or fax (816) 313-0004

PARTICIPANTS ARE RESPONSIBLE FOR THE SUBMISSION OF FORMS.

mburnette@roofers20kcbenefits.com sbaker@roofers20kcbenefits.com mross@roofers20kcbenefits.com