

**MIDWEST EMPLOYEE BENEFIT FUNDS COALITION, INC.**

**MEMBER FUND INFORMATION SHEET**

Name of Fund \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**TRUSTEES**

**LABOR**

**MANAGEMENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Administrator \_\_\_\_\_

Claims Manager \_\_\_\_\_ Phone \_\_\_\_\_

*Name of Person who will be appointed from your Fund as a Director to the Coalition:*

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

*Each Director of the Coalition is required to serve on a Committee. Please choose the Committee your Director would like to join.*

Provider Relations \_\_\_\_\_ Member Services \_\_\_\_\_ Task Force Specific \_\_\_\_\_