

**CHARLES TOWN WELFARE BENEFIT TRUST
REQUEST FORM**

*IF YOU HAVE ALREADY FILLED OUT YOUR ORIGINAL FORM & APPLIED FOR BENEFITS
AT LEAST ONCE THIS YEAR –
USE THIS FORM FOR ANY ADDITIONAL BILLS*

COMPLETE THIS FORM AND ATTACH YOUR BILLS OR RECEIPTS

NAME _____

CHANGE OF ADDRESS _____
FROM ORIGINAL FORM _____

PHONE # _____

IS THIS FORM BEING USED FOR

SPOUSE _____ CHILDREN _____ EMPLOYEE _____

These bills are not workers compensation related

The undersigned hereby states that all information given on this application is true.

SIGNATURE

DATE

All Benevolence is subject to availability of funds

Form Revised 7/1/07