



## ADMINISTRATIVE OFFICES

P.O. Box 21240 ♦ Denver, Colorado 80221 ♦ Telephone: 877.429.7473 ♦ Fax: 303.429.1359  
Satellite Office: 3109 North 24th Street ♦ UA Local Union No.469 ♦ Phoenix, Arizona 85016  
Telephone: 877.429.7473

MEMO: MAY 30, 2007  
TO: ALL PARTICIPATING EMPLOYERS  
RE: CHANGE IN ADMINISTRATIVE MANAGERS

The enclosed is your Employer Reporting Form for reporting your employee hours and contributions to the Arizona Pipe trades Funds.

Please note that effective June 1, 2007 the Trustees have changed Administrative Managers To:

Fringe Benefit Services, Inc.  
P O Box 21240  
7000 N. Broadway, Suite 106  
Denver, CO 80221

Toll Free telephone 877-429-7473  
Fax line 303-429-1359

Contact Harry Auston or Tom Laake with any additional information or services needed.  
[hauston@fringeinc.com](mailto:hauston@fringeinc.com) [tlaake@fringeinc.com](mailto:tlaake@fringeinc.com)

**There will be no change in your monthly reporting and payment procedures. Your completed reports and payments should still be directed to Wells Fargo AZ Master Trust, Arizona Pipe Trades Trust Funds, P. O. Box 52510, Phoenix, AZ 85072.**



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MEMO:       MAY 30, 2007

TO:         ALL PARTICIPATING EMPLOYEES  
             HEALTH & WELFARE FUND

RE:         CHANGE IN ADMINISTRATIVE MANAGERS

This notice is to advise you that the transition to the new Administrative Manager is occurring this weekend. Monday morning, June 3, 2007 you may call the new Administrative Office with any questions or information needed concerning your accounts.

We have enclosed two new identification cards for your use. Please destroy your other cards. Be certain to show this card to your doctors whenever you seek medical services.

Additionally, please complete the enclosed claim form and return it to the office in the enclosed envelope. This is an annual requirement which informs us as to your current information and if there is any other coverage provided through other insurance companies. Your attention to the completion and return of your form will result in minimal paperwork required whenever a medical claim is filed.

You will notice that the toll-free telephone number of the Administrative Office has not changed and you will be directed to the proper department to respond to your needs. Additionally, a knowledgeable employee, Doris Danforth, is stationed at the Local 469 union office to assist you if you require a personal visit. Ms. Danforth will be in Tucson when needed.

If you are making self-payments, they should be sent to the above address.

Please bear in mind that this is a significant move of material and responsibilities and the transition will take several days to replicate all the services, but if you need to contact the office they will make every effort to serve your every benefit need in a responsive and courteous manner.

Sincerely

BOARDS OF TRUSTEES



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Telephone: 877.429.7473*

MEMO:       MAY 30, 2007

TO:           ALL PARTICIPATING EMPLOYEES  
              PENSION AND ANNUITY FUNDS

RE:           CHANGE IN ADMINISTRATIVE MANAGERS

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MEMO: MAY 30, 2007  
TO: {INDIVIDUALLY ADDRESSED VENDORS}  
RE: CHANGE IN ADMINISTRATIVE MANAGERS

Effective June 1, 2007, the Boards of Trustees of the Arizona Pipe trades Health and Welfare, Pension and Annuity Funds will have a new Administrative Manager.

Please note the change in your contact point as follows:

FORMER MANAGER      Compusys/Erisa Group, Inc.  
3121 N 24<sup>th</sup> Street  
Phoenix, AZ 85016

NEW MANAGER      Fringe Benefit Services, Inc.  
P O Box 21240  
7000 N. Broadway, Suite 106  
Denver CO 80221  
Telephone -877-429-7473  
Fax – 303-429-1359

Contact Persons:      Harry Auston, Manager  
[hauston@fringeinc.com](mailto:hauston@fringeinc.com)  
Denise Marshall, Claims Manager  
[dmarshall@fringeinc.com](mailto:dmarshall@fringeinc.com)  
Bob Gerken, Pension and Annuity Manager  
[bgerken@fringeinc.com](mailto:bgerken@fringeinc.com)

# CLAIM FORM

**Complete this form in its entirety. Only one claim form is required per family per calendar year.**

## PARTICIPANT'S STATEMENT

Last Name		First Name in Full			Middle Name in Full			
Street Address		City			State	Zip Code		
Social Security No.	Telephone No.	Male <input type="checkbox"/>	Date of Birth			Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
		Female <input type="checkbox"/>	Month	Day	Year	Single <input type="checkbox"/>		
Employed By						Local Union No.		

## SPOUSAL INFORMATION

Last Name		First Name in Full			Social Security No.		
<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed		Date of Birth					
If Employed, please provide the following: Name of Employer					Telephone No.		
Street Address		City			State	Zip Code	

### **ARE YOU OR YOUR DEPENDENT(S) INSURED UNDER ANY OTHER GROUP INSURANCE OR GOVERNMENT PLAN WHICH WILL ALSO PAY FOR MEDICAL EXPENSES? IF YES, PLEASE PROVIDE THE FOLLOWING:**

Name of Insured			
Name of Insurance		Policy Number	
Address of Plan		Suite Number	
City	State	Zip Code	Telephone Number (Including Area Code)

I/We jointly certify that the above information is true and correct. I/We hereby authorize all doctors, hospitals, pharmacists or other institutions rendering care and treatment to furnish the Arizona Pipe Trades Health & Welfare Trust Fund full information regarding treatment rendered (including copies of their records). I/We also authorize any Union Trust Fund Employer or Insurance Carrier to furnish the Arizona Pipe Trades Health & Welfare Trust Fund information regarding benefits to which I/we may be entitled. A photostatic copy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date