



Middletown Works Hourly & Salaried

Union Retirees Health Care Fund

1201 Crawford Street • Middletown, OH 45044

PH: (513) 217-4818 • TOLL FREE: (877) 392-9991 • Fax: (513) 672-9622

Website: www.middletownworkshcf.com

Date: _____

Member name

ADDR

ADDR

Member WPAS ID:

Dear Member:

It has been brought to our attention that you are currently residing in a nursing home and possibly on Medicaid insurance. In order to keep our records current, please mark the areas below that apply to your situation:

- ____ I currently reside in a nursing home
- ____ I currently receive Medicaid benefits
- ____ I currently reside in a home that is not a nursing home
- ____ I currently DO NOT receive Medicaid benefits

If you checked that you are receiving Medicaid benefits please provide the effective date coverage began: _____

By signing below you are certifying that the information listed on this form are current and accurate.

Member Signature

Date

Enclosed you will find a return envelope for your convenience. If you have any questions or concerns, please contact the Middletown Works Retiree Health Plan at (877) 392-9991.

Sincerely,

The Fund's Administrative Office

S:\Forms\Control\F59-02\F59-02 MWR Nursing Home Medicaid Confirmation Form (002).doc



Middletown Works Hourly & Salaried

Union Retirees Health Care Fund

1201 Crawford Street • Middletown, OH 45044

PH: (513) 217-4818 • TOLL FREE: (877) 392-9991 • Fax: (513) 672-9622

Website: www.middletownworkshcf.com