



## INDIANA LABORERS WELFARE FUND

P.O. BOX 1587 TERRE HAUTE, INDIANA 47808-1587

Telephone (812) 238-2551 Toll Free (800) 962-3158

Fax (812) 238-2553 [www.IndianaLaborers.org](http://www.IndianaLaborers.org)

### Surrogate Information Form

Participant

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Patient: \_\_\_\_\_

The Indiana Laborers Welfare Fund (“Fund”) received claims indicating the listed patient is being treated for pregnancy. In order to consider benefits the Fund needs the physician to advise the following over his/her signature:

To the best of my knowledge, is this patient acting as a surrogate mother?

YES

NO

Date pregnancy confirmed: \_\_\_\_\_

Estimated date of delivery: \_\_\_\_\_

\_\_\_\_\_  
Physician’s Signature

\_\_\_\_\_  
Date

If you should have any questions concerning this matter do not hesitate to contact the Fund Office.

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