



**Michigan Conference of Teamsters Welfare Fund  
2700 Trumbull Avenue  
Detroit, MI 48216  
(313) 964-2400**

**INSTRUCTIONS FOR COMPLETING THE SCANNABLE CLAIM FORM**

Please use this claim form for Michigan Conference of Teamsters Welfare Fund subscribers.

In cases where there is another carrier involved, complete the coordination of benefits section, boxes 14-24. If not, leave these boxes empty. Don't use zeroes, lines or N/A for not applicable. Box 118, amount of primary payment, should be filled in only when you know how much the primary carrier paid. Do not put \$0 unless the primary carrier's actual payment determination was \$0.

The remarks section should be used only for information pertaining to: the treatment rendered; determining primary/secondary coverage, such as for custodial information pertaining to a dependent; the diagnosis and treatment plan for orthodontics.

**Notice to All Parties Completing this form:**

**Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**