Teamsters Local 237 Retirees' Fund
216 W. 14th St. 3rd Fl. – New York, NY 10011

RETIREE ENROLLMENT FORM

PLEASE PRINT ALL INFORMATION CLEARLY – USE BLACK INK

SECTION A: RETIREE INFORMATION

FOR OFFICE USE

SOCIAL SECURITY NUMBER (REQUIRED) – –

MALE FEMALE

LAST NAME

FIRST NAME

MI

BIRTH DATE MONTH / DAY / YEAR 1 9

HOME ADDRESS (Include Apt. No. If Applicable)

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PRIMARY PHONE – –

PENSION NUMBER – –

SINGLE MARRIED DOM. PARTNER WIDOWED DIVORCED

This information is essential for accurate and efficient administration of the benefits for which you and your dependents are or will be eligible for under the Retirees' Plan. BE SURE TO ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY. This information will be treated confidentially, except that it may be transmitted to third parties as necessary for the administration of benefits or as required by law. Sign and mail in the enclosed envelope.

SECTION B: SPOUSE / DOMESTIC PARTNER INFORMATION (If Applicable)

INDICATE WHICH ONE APPLIES

Date of Marriage / / **OR** Date of Domestic Partnership / /

LAST NAME

MALE FEMALE

FIRST NAME

MI

BIRTH DATE MONTH / DAY / YEAR

SOCIAL SECURITY NUMBER OF SPOUSE / DOMESTIC PARTNER – –

ENROLLED IN MEDICARE PARTS A & B

SELF SPOUSE / PARTNER

EMPLOYER

HEALTH INSURANCE CARRIER

SECTION C: ACKNOWLEDGMENT AND SIGNATURE (REQUIRED)

I attest that the information contained herein is true and complete and authorize the disclosure of such information as described on this enrollment form.

RETIREE SIGNATURE ______________________________ **DATE** ______________

BENEFITS CANNOT BE PROVIDED UNLESS YOUR ENROLLMENT FORM IS SIGNED, DATED AND ON FILE AT THE FUND OFFICE.

SECTION D: DEPENDENT INFORMATION (IF APPLICABLE)

LAST NAME MALE FEMALE

FIRST NAME MI MONTH DAY YEAR

BIRTH DATE / /

SOCIAL SECURITY NUMBER

— —

LAST NAME MALE FEMALE

FIRST NAME MI MONTH DAY YEAR

BIRTH DATE / /

SOCIAL SECURITY NUMBER

— —

LAST NAME MALE FEMALE

FIRST NAME MI MONTH DAY YEAR

BIRTH DATE / /

SOCIAL SECURITY NUMBER

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LAST NAME MALE FEMALE

FIRST NAME MI MONTH DAY YEAR

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LAST NAME MALE FEMALE

FIRST NAME MI MONTH DAY YEAR

BIRTH DATE / /

SOCIAL SECURITY NUMBER

— —

LAST NAME MALE FEMALE

FIRST NAME MI MONTH DAY YEAR

BIRTH DATE / /

SOCIAL SECURITY NUMBER

— —

SECTION E: DEATH BENEFIT TO BE PAID TO: (ONE REQUIRED)

LAST NAME

FIRST NAME RELATIONSHIP

CITY STATE ZIP CODE

LAST NAME

FIRST NAME RELATIONSHIP

CITY STATE ZIP CODE