

TEAMSTERS LOCAL UNION NO. 856 HEALTH & WELFARE FUND
2323 Eastlake Ave East Seattle, Washington 98102
TELEPHONE: (800) 297-4595

RETIREE APPLICATION
(Medical & Prescription coverage only)

1. Local 856 Member's Name: _____
Address: _____
Phone Number: _____
Social Security Number: _____
Date of Birth: _____
Last Day of Work: _____ Retirement Date: _____
If Medicare participant, effective date of Medicare:
Part A _____ Part B _____

2. Enroll Dependents: Yes _____ No _____

3. Member's Spouse, if any: _____
Social Security Number: _____
Date of Birth: _____
If Medicare participant, effective date of Medicare: _____
Part A _____ Part B _____
If covered by any other health plan, name and address of such plan:

4. Other eligible family members:
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

Please list the names and dates of your previous places of employment on the reverse side of this form.

Please return the completed questionnaire and a copy of your Pension Certificate of Retirement to the Trust Fund.

Signature: _____ Date: _____

