



Teamsters Western Region & Local 177 Health Care Plan

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ENROLLMENT FORM

IMPORTANT - DO NOT DELAY. BEFORE BENEFITS FOR YOU AND YOUR FAMILY CAN BE PAID THIS FORM MUST BE SENT TO THE FUND OFFICE – **FULLY COMPLETED, SIGNED AND DATED BY YOU.** WITHOUT THIS INFORMATION, THE FUND OFFICE **CANNOT CERTIFY BENEFITS** TO DOCTORS, HOSPITALS, LABS, PHARMACIES OR ANY OTHER HEALTH CARE PROVIDER. DO NOT WAIT UNTIL A FAMILY MEMBER NEEDS HEALTH CARE. SEND YOUR COMPLETED FORM AND REQUIRED ATTACHMENTS TO THE FUND OFFICE NOW.

ENROLLMENT, CHANGE OR LIFE EVENT NOTICES

REASON YOU ARE COMPLETING THIS FORM; CHECK ALL BOXES THAT APPLY. PRINT LEGIBLY USING BLACK INK TO IMPROVE PROCESSING OF YOUR FORM AND DATA. IF YOU DO NOT FILL OUT THIS FORM COMPLETELY AND ATTACH DOCUMENTATION, IT WILL BE RETURNED TO YOU AND YOUR COVERAGE WILL NOT BE UPDATED UNTIL ALL OF THE DATA IS SUBMITTED AND THE FORM IS SIGNED AND DATED.

- CHECK ALL THAT APPLY:** NEW ENROLLMENT CHANGE PERSONAL DATA
- REMOVE SPOUSE REMOVE CHILD DROP FAMILY VISION DROP FAMILY DENTAL
- ADD SPOUSE ADD CHILD ADD FAMILY VISION ADD FAMILY DENTAL

1) EMPLOYEE INFORMATION

LAST NAME:		FIRST NAME:		MI:	GENDER:
					<input type="checkbox"/> M <input type="checkbox"/> F
BIRTH DATE:		SOCIAL SECURITY NO. *		PHONE NO.	
/ /		/ /		() -	
ADDRESS		CITY	STATE	ZIP	
MARITAL STATUS:				LOCAL UNION NO.	
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed					

2) SPOUSE INFORMATION – DO NOT COMPLETE IF YOU ARE NOT CURRENTLY MARRIED.

IF MARRIED AND LISTING A SPOUSE, YOU MUST ATTACH A COPY OF YOUR MARRIAGE CERTIFICATE.

LAST NAME:		FIRST NAME:		MI:	GENDER:	SOCIAL SECURITY NO. *	
					<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
ADDRESS (IF DIFFERENT FROM EMPLOYEE):						BIRTH DATE:	
						/ /	
PHONE NO.		IS YOUR SPOUSE EMPLOYED?		IF YES – EMPLOYER:			
() -		<input type="checkbox"/> NO <input type="checkbox"/> YES					
MEDICARE ELIGIBLE? (IF MEDICARE ELIGIBLE ATTACH A COPY OF YOUR MEDICARE CARD)							
<input type="checkbox"/> YES <input type="checkbox"/> NO							

