



Is your spouse employed?

Yes  No

**If yes, your spouse's employer is required to complete the Coordination of Spouse Benefits Form. Your spouse may not be eligible to participate in this Fund if certain conditions are present.**

### Coverage Selection - Section #3

(Select one):  Individual  Family

### Other Coverage Information – Section #4

Will you, your spouse or any dependent be enrolled in any health, prescription or dental coverage after enrollment becomes effective in this Fund?

**Health:**  Yes  No

Who will the health plan cover?  self  spouse  dependents

Other Insurance:

Carrier Name: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Policy ID Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Prescription:**  Yes  No

Who will the health plan cover?  self  spouse  dependents

Other Insurance:

Carrier Name: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Policy ID Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Dental:**  Yes  No

Who will the dental plan cover?  self  spouse  dependents

Other Insurance:

Carrier Name: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Policy ID Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

You **MUST** attach a copy of ALL insurance card(s) (FRONT and BACK); this would include identification cards for Medical, Prescription and Dental as appropriate.



**Pension Deduction Authorization – Section #6**

By signing this enrollment form below, I hereby authorize the New York State Teamsters Conference Pension and Retirement Fund to withhold my required monthly contribution from my pension check and immediately pay said sum to the New York State Teamsters Council – UPS Retiree Health Fund. This authorization shall continue in full force and effect from month to month until such time as written notice is given to revoke my authorization.

**Acknowledgement & Signature – Section #7**

If there are any changes in your address, marital status, other coverage information or dependents, you are required to notify the Fund Office immediately. Any person who knowingly makes a false statement with regard to a material fact shall not be entitled to receive the benefits claimed during this period.

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date