

ENROLLMENT INSTRUCTIONS

Enclosed in your packet you will find the following forms that have to be filled out for your coverage to be Activated. **Instructions are also on the back of the Enrollment Form.**

Enrollment Form:

- Please write clearly
- Single –
 - Fill out top portion
 - Assign a beneficiary for your life insurance policy if offered by employer
 - Sign and date the document
 - **Documentation Needed:**
 - A copy of your Driver's License and/or Birth Certificate
- Two Person or Family –
 - Fill out top portion
 - Fill out spouse information if applicable
 - Fill out dependent child(ren) information
 - Assign a beneficiary for your life insurance policy if offered by employer
 - Sign and date the document
 - **Documentation Needed:**
 - A copy of your Driver's License and/or Birth Certificate
 - A copy of your spouse's Driver's License and/or Birth Certificate
 - A copy of each child's Birth Certificate
 - A copy of your Marriage Certificate

Spouse Employer Form:

- If your spouse is working their Employer is required to fill out this form to determine if they should be enrolled in their own Health Insurance coverage through their Employer
- If your spouse contributes less than 5% of their weekly wages for their health insurance, your spouse will be required to keep their insurance as Primary and will be able to have the Teamsters coverage as Secondary

Other Requirements:

- If you are divorced or wish to cover step-children under the Teamsters coverage you will need to follow instructions on back of enrollment form

ENROLLMENT INSTRUCTIONS **FOR MUNICIPAL EMPLOYER GROUPS ONLY**

All required Documentation that is outlined under Enrollment Instructions

AND

Initial Participation of the Employer Group Entering the Fund

- You as the member and all dependents -or- only your dependents are allowed to “Opt Out” of the coverage and not enroll if you are covered by another health plan
- The Fund will have you sign a Municipal Employee Opt Out Authorization Form or a Municipal Employee’s Dependent Opt Out Authorization Form (only if your dependents are opting out).

Established Employer Group – NEW HIRES

- You, as the member, must enroll in the health plan
- You can enroll as Single coverage and “Opt Out” your spouse and dependents if they have health coverage elsewhere
- The Fund will have you sign a Municipal Employee’s Dependent Opt Out Authorization Form

Adding a Spouse/Dependent after they have “Opted Out”

- The only way to re-enroll after an “Opt Out” form has been signed is if the other coverage is lost due to job loss or the employer discontinued offering health benefits to all employees. A coverage termination letter will be needed by the Fund.
- Increase in premiums is not a reason the Fund will approve to re-enroll