

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



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UID#

Dear

We have received information indicating that you are separated or are in the process of a divorce. Please answer the following questions with regard to your marital status:

1. Are you separated? Yes No If so, as of what date? _____

Spouse's/Ex-spouse's address: _____

2. Is your divorce final? Yes No If so, as of what date? _____

****Please submit a copy of your divorce decree.****

3. If applicable, are you or your spouse court ordered to cover your dependent children? Yes No

4. If so, please advise who is and send a copy of the court order. _____

5. If applicable, with whom does your child/children live? You Your Spouse/Ex-spouse

Participant's Signature _____ Date _____

Please note: This information is necessary in order for us to determine if our liability for coverage has changed. If this information is not updated, overpayments may occur.