

Teamsters Joint Council No. 83 of Virginia

Health & Welfare and Pension Funds

www.tjc83funds.org
 8814 Fargo Road · Suite 200 · Richmond, VA 23229
 Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530
 Email: documents@tjc83funds.net



Retirement Health Benefit Group Insurance Inquiry

Participant's Name		Participant's UID or SSN		Participant's date of birth	
Are you employed? Yes No		Employer's name			
Employer's full address					
Are you covered by other group health coverage? Yes No		Carrier's name and policy number			
Carrier's full address					
Are you married? Yes No		Spouse's name			
Spouse's SSN		Spouse's date of birth			
Is your spouse employed? Yes No		Spouse's employer's name			
Spouse's employer's full address					
Is your spouse covered by other group health insurance? Yes No		Carrier's name & policy number: Medical Dental Vision			
Carrier's full address					
Are you covered by Medicare?	Is your spouse covered by Medicare?	Are you or your spouse receiving Social Security Disability Benefits?	***If you or your spouse are covered by Medicare of Social Security Disability benefits, please submit a copy of the Medicare card or Disability Award letter.		
Participant's Telephone Number		Participant's Full Address			
Participant's Signature				Date	