

SOUTHWESTERN TEAMSTERS SECURITY FUND

Administrator:
Southwest Service Administrators, Inc.
2400 W. Dunlap Ave., Suite 250
Phoenix, Arizona 85021

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Toll free (800) 474-3485
Fax (602) 336-0895
www.southwestservicetpa.com

Retiree Medical Plan Enrollment Application

Please complete this application and forward it to the administrative office 60 days prior to your retirement date. If your application is received after your retirement date, your coverage will be effective the first of the month following the month in which the application is received, providing you meet all eligibility requirements.

You must also submit a copy of either your Social Security or Pension Award letter.

Please Print

1. NAME

First _____ Middle _____ Last _____

2. S.S. NO. _____

3. PHONE (_____) _____

4. ADDRESS _____

5. DATE OF BIRTH _____ 6. Married: Yes _____ No _____

7. Are you eligible for Medicare benefits? Yes _____ No _____ 8. Are you eligible to receive Social Security Disability Benefits? Yes _____ No _____ What is your award date? _____

(If yes to #7 or #8, please send a copy of your Medicare Card or Award Letter)

9. List all Eligible Dependents (if any):

Full Name	Relationship	Date of Birth	Medicare Eligible
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No

10. List the company(ies) you worked for while covered under the Southwestern Teamster Security Fund during the last three years.

I hereby make application for Retiree coverage under the Southwestern Teamsters Security Fund for myself and my eligible dependents and certify that the above information is correct.

My last date of employment was _____

Signature

Date