

MEMBER NAME:		MEMBER ID:		8	0	6							
ADDRESS:													
CITY:				STATE:				ZIP CODE:					

If you have previously postponed your coverage under the Retiree Health Plan and wish to reinstate benefits, please follow these easy steps and return to TeamCare:

1. Complete the information below indicating the effective date and family members reinstating coverage under the Retiree Health Plan; and
2. Provide proof of insurance termination in the form of a letter or verification of group health insurance coverage from the insurance company/employer and return the form to TeamCare.

I WANT TO REINSTATE MY RETIREE HEALTH PLAN COVERAGE.

Check all that apply:

- REINSTATE FOR MYSELF ONLY, effective: _____
- REINSTATE FOR MYSELF AND MY SPOUSE ONLY, effective: _____
- REINSTATE FOR MY SPOUSE ONLY, effective: _____
- REINSTATE FOR MY DEPENDENT CHILDREN ONLY (UPS RU/RV Plans), effective: _____





NOTE: Eligibility for Medicare coverage makes you ineligible for Retiree Health Plan coverage from TeamCare even if you decline Part B. You will be held responsible for reimbursing TeamCare for any claims paid after the Medicare eligibility date. Under no circumstances may you voluntarily postpone Retiree Health Plan coverage beyond your normal Medicare eligibility date (age 65 at present).

My signature below acknowledges that I understand the effect, to my myself and my family, of my election to accept the Retiree Health Plan and that my answers to the above questions are true and correct to the best of my knowledge. I understand that I will be required to pay the prevailing contribution rate based upon the retiree's age at the retiree's original retirement date. I also understand that my monthly contributions will be required retroactively to the date the other insurance coverage ceases.

MEMBER
SIGNATURE:

DATE:

Return the completed form to TeamCare as directed below.

UPLOAD		Message Center at MyTeamCare.org	MAIL		TeamCare PO Box 5109 Des Plaines IL 60017-5109	FAX		847-518-9752	CALL		Questions? 800-TEAMCARE
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