RETIREE NEW SPOUSE COVERAGE REQUEST FORM

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

SPOUSE INFORMATION

MARRIAGE DATE: (MM/DD/YYYY)	SSN: (REQUIRED TO OBTAIN COVERAGE)	BIRTH DATE: (MM/DD/YYYY)	
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	GENDER: ☐ MALE ☐ FEMALE

DOES YOUR SPOUSE HAVE OTHER HEALTH COVERAGE OR MEDICARE COVERAGE?

☐ NO

☐ YES **IF YES, SEND A COPY OF YOUR SPOUSE'S MEDICARE OR OTHER HEALTH COVERAGE CARD AND FILL OUT THE FOLLOWING:**

NAME OF SPOUSE'S INSURANCE:	PHONE NUMBER:
SPOUSE'S GROUP POLICY NUMBER:	EFFECTIVE DATE: (MM/DD/YYYY)

NOTE: You must notify TeamCare within 60 days of the marriage date for your new spouse to be eligible for coverage. Your new spouse's coverage will not be effective until we receive all of the required documentation, so please be sure to include a copy of your marriage certificate, a copy of your spouse's birth certificate, and this form.

My signature below acknowledges that I understand my election to add my spouse to the Retiree Health Plan Coverage and that my answers are true and correct to the best of my knowledge. In addition, my signature below will authorize the Pension Fund to deduct the appropriate amount from my monthly pension checks (including any future increases as determined by the Trustees) until I cancel this direction in writing and to transfer each deduction to TeamCare as my monthly contribution for Retiree Health Plan Coverage. I understand that the monthly contribution deduction along with health coverage on behalf of my spouse begins with the month of my marriage unless I postpone my spouse's coverage by providing documentation of his/her other health insurance coverage.

MEMBER SIGNATURE:	DATE:

To cover your new spouse under the Central States Retiree Health Plan, complete this form and return it along with a copy of your marriage certificate and your spouse's birth certificate as directed below.

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