



Teamsters Health and Welfare Fund of Philadelphia and Vicinity

6981 NORTH PARK DRIVE • SUITE 400 • PENNSAUKEN, NJ 08109 • (856) 382-2400
TOLL-FREE 1-800-523-2846 • FAX (856) 382-2401 • www.teamsterfunds.com

UNION TRUSTEES
WILLIAM T. HAMILTON
HOWARD W. WELLS
ROBERT BRYAN, JR.

EMPLOYER TRUSTEES
KENNETH F. LEEDY
BOB SCHAEFFER, JR.
THOMAS J. VENTURA

Medical Benefit Option Change Form

(Please note: If you have PPO coverage now and want to keep the same coverage option you presently enjoy, you need not complete this form. Your option will remain the same.)

Effective January 1, 2018, I wish to change the medical benefit option for myself and my eligible dependents,

FROM:

(check one)

- Blue Card PPO Program
 Aetna HMO Program

TO:

(check one)

- Blue Card PPO Program
 Aetna HMO Program

If you are changing your coverage TO Aetna HMO, you must fill out a special enrollment form and choose a Primary Care Physician for the coverage to take effect. Contact the Fund office to obtain a copy of this special form.

Member's Name: _____

Member's SS#: _____

Member's Signature: _____

Date signed: _____

For the benefit option change to be effective January 1, 2018, this fully completed form must be received in the Fund office by December 1, 2017.