



Teamsters Health & Welfare Fund

of Philadelphia and Vicinity

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YEARLY UPDATE IMMEDIATE ACTION REQUIRED!

Dear Member:

Our office is in the process of updating our records to avoid any interruption in the processing of your claims.

As you are aware, your Plan of Benefits contains a "Coordination of Benefits" provision. This means that if your spouse is scheduled to work 32 or more hours per week and is offered medical, dental, vision or prescription benefits through his/her employer, he/she **MUST** enroll in that company's plan unless they are required to pay 100% of the premium.

In the event your spouse must pay 100% of the premium or, if he/she is not offered coverage, we will need a letter from his/her employer stating that fact.

We ask that you complete the reverse side of this form in its entirety, including signatures and date, and return it to our office at your earliest convenience.

In the event we do not receive a properly completed form from you, we will have no alternative but to deny your spouse's claims until the required information is received by the Fund office.

Sincerely,

MEMBER SERVICE DEPARTMENT
TEAMSTERS HEALTH & WELFARE FUND
OF PHILADELPHIA & VICINITY

