



TEAMSTERS LOCAL 671
HEALTH SERVICES AND INSURANCE PLAN
18 Britton Drive
Bloomfield, CT 06002

Explanation of Benefits (EOB) Disenrollment Form
(view your EOB on Teamsters Local 671 Health & Welfare website)

First Name _____ Last Name _____ MI _____

Date of Birth ____/____/____

Mailing Address _____

City State Zip Code

Home phone _____ Cell phone _____

E-mail Address _____

Signature _____