

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

Explanation of Benefits (EOB) Disenrollment Form

First Name _____ Last Name _____ MI _____

Date of Birth ____/____/____

Mailing Address

Address 1

Address 2

City

State

Zip Code

Home Phone _____

Cell Phone _____

E-mail Address _____

Signature _____