

**CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL UNION NO. 301, I.B. OF T.  
Health and Welfare Fund and Pension Fund Trustees**

Michael T. Haffner  
Chairman



36990 North Green Bay Road  
Waukegan, Illinois 60087  
Medical Insurance - (847) 623-3915  
Dental and Pension: (847) 623-5430

**\*\*\*RETIREE INSURANCE CERTIFICATION\*\*\***

**THIS CERTIFICATION MUST BE RETURNED EVERY MONTH AS A CONDITION  
OF YOUR CONTINUED ELIGIBILITY**

Teamsters Local Union No. 301  
Health & Welfare Fund  
Retiree Health Plan

For Inquiries call: (847) 623-5430

**Participant name:** \_\_\_\_\_  
(Please print)

**Certification Month & Year** \_\_\_\_\_

By signing below we understand and agree that when I or my spouse becomes eligible for Medicare we will no longer be eligible for coverage under the Teamsters Local 301 Retiree Insurance Program. We further understand that if my spouse becomes eligible for any other employer sponsored health care coverage due to his or her employment, my spouse will no longer be eligible to participate in the Teamsters Local 301 Retiree Insurance Program. If my spouse or I become eligible for Medicare benefits prior to age 65, or if my spouse becomes eligible for any other employer sponsored health care coverage, we will notify the Fund Office immediately. We understand that we will be responsible for the reimbursement to the Fund of any benefits paid in error, including applicable interest, due to my failure to notify the Fund of my, or my spouse's eligibility for Medicare prior to age 65 or my spouse's eligibility for other employer sponsored health care coverage.

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date