

**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 I understand and agree that when I become eligible for Medicare I will no longer be eligible for coverage under the Teamsters Local 301 Retiree Insurance Program. I further understand that if I become eligible for any other employer sponsored health care coverage due to my employment, I will no longer be eligible to participate in the Teamsters Local 301 Retiree Insurance Program. If I become eligible for Medicare benefits prior to age 65 or if I become eligible for any other employer sponsored health care coverage, I will notify the Fund Office immediately. I understand that I 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 eligibility for Medicare prior to age 65 or my eligibility for other employer sponsored health care coverage.

Spouse Signature

Date