

# RETIREE MEDICAL OPTION FORM (RSP OR CRP ONLY)

Send completed form to: Teamsters Benefit Trust (TBT) • P.O. Box 5820 • Fremont, CA 94537-5820 • (510) 796-4676 • (800) 533-0119

## Please enroll me in the Medical Plan Option checked below.

I understand that if I elect coverage under an HMO, I (*and my spouse, if enrolled*) must use the HMO's hospital and provider network.

**Note:** *You and your spouse must be covered under the same medical option, even though one of you may be in the Medicare HMO and the other in the HMO's standard plan non-Medicare.*

- Indemnity Medical Option (as described in the *Guide to Your Benefits* and *Summary of Coverage*)
- Kaiser Foundation Health Plan (Non-Medicare HMO)\*
- Kaiser's *Senior Advantage* (Medicare HMO Plan—Must be enrolled in Medicare)\*
- United HealthCare (HMO Plan for Early Retirees)\*
- United HealthCare *Medicare Advantage* (Medicare HMO Plan—Must be enrolled in Medicare)\*

\* **Note:** HMO Plans are not available in all counties. Refer to the HMO packets. HMO contribution rates, copayment amounts and eligibility rules may vary if not Medicare-entitled. Contact the TBT Plan Administration Office for details.

## MEDICARE HMO PLAN ENROLLMENT

- **Separate Application:** Required for *Kaiser's Senior Advantage* and the United HealthCare HMOs.
- **Disenrollment Form:** Required if changing from a Medicare HMO Plan to a non-Medicare HMO Plan.
- **Effective Date:** For a first of the month effective date, the application must be dated during the prior month.  
(*Example: For an October 1 effective date, the application must be dated September 30th or before.*)
- Call the TBT Plan Administration Office to discuss any enrollment questions. Also see the *Guide to Your Benefits*.

**Residence:** To elect HMO coverage, you and your spouse must reside within the HMO's service area.

(*Service areas are listed in the HMO packets.*) Also, not all HMO Plans are available in all counties.

Check with the TBT Plan Administration Office regarding availability of HMOs in your area.

**If electing an HMO:**  Completed HMO application enclosed (late receipt may delay your change).

**For HMO packets and applications, phone the TBT Plan Administration Office at:  
(510) 796-4676 or (800) 533-0119.**

Employee's Name (Last, First, Middle Initial) <i>Please Print</i>	Social Security Number	Birth Date (Month-Day-Year)
Spouse's Name (Last, First, Middle Initial) <i>Please Print</i>	Social Security Number	Birth Date (Month-Day-Year)
Address <i>Please Print</i>		Home Phone (With Area Code) (      )
Your Employer at Retirement		Local Union Number
<b>Retiree's Signature</b>		<b>Date</b>

Your application for retiree benefits cannot be processed until all required forms are received by the TBT Plan Administration Office. See reverse side.

No se puede tramitar su solicitud para recibir los beneficios de jubilados hasta que la Oficina Administrativa del Plan TBT reciba todas las formas que se requieren. Vea el otro lado.

## **RETIREE MEDICAL OPTION FORM** *(Continued from Reversed Side)*

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Your application for retiree benefits cannot be processed until all required forms are received by the TBT Plan Administration Office. Return this form, along with your:

- TBT Application for Retiree Benefits (unless previously submitted)
- TBT Retiree Enrollment Form (unless previously submitted)
- TBT Retiree Medical Option Form (for RSP or CRP only unless previously submitted)
- RSP Dental Option Form (applicable to RSP only)
- HMO application (Required for HMOs)
- Self-pay contribution (if applicable)

If you have questions, please call the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119 and ask for the Retiree Unit. Fax: (510) 795-9237.

***DO NOT SEND HMO APPLICATIONS DIRECTLY TO THE HMO!***

***Send to: Teamsters Benefit Trust, Attn: Retiree Unit—P.O. Box 5820, Fremont, CA 94537-5820***  
(Pre-addressed envelope enclosed.)