

TEAMSTERS BENEFIT TRUST (TBT)

APPLICATION FOR RETIREE BENEFITS – All Plans

To qualify for retiree benefits, you must meet all of the eligibility rules (*and be qualified to participate in the specific retiree Plan/s for which you apply*). If you need help, contact the TBT Plan Administration Office listed on page two.

Please enroll me and my spouse (*if applicable*) in the Comprehensive Retiree Plan (CRP)
 Retirement Security Plan (RSP) Supplemental Retiree Plan (SRP) Basic Retiree Plan (BRP).

NOTE: If you enroll in the Retirement Security Plan (RSP), you are *not* eligible to participate in the Comprehensive Retiree Plan (CRP) and Basic Retiree Plan (BRP).

Local Union Number

Retiree's Name (Last, First, Middle Initial) <i>Please Print</i>	Social Security Number	Birth Date (Month-Day-Year)	
Address <i>Please Print</i>	City	State	Zip Code
Work Phone (with area code)	Home Phone (with area code)	Current TBT Plan	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	NOTE: The only person eligible for dependent coverage is your legal spouse.		
Spouse's Name (Last, First, Middle Initial) <i>Please Print</i>	Social Security Number	Birth Date (Month-Day-Year)	

Work History (past five years):

Your Employer At Retirement	Date Hired (Month-Day-Year)	Retirement Date
Prior Employer	Date Hired (Month-Day-Year)	Last Date Worked

See page two if you require more space for work history.

Type of Retirement: Early (Before age 65) Age 65 or older
 Disability

<u>Retiree</u>	<u>Spouse</u>	<u>Medicare Status</u>	<u>Entitlement Date</u>
<input type="checkbox"/>	<input type="checkbox"/>	Under age 65 and <i>not</i> eligible for Medicare.	Retiree: Spouse:
<input type="checkbox"/>	<input type="checkbox"/>	Enrolled and <i>entitled</i> to Medicare Parts A and B benefits, due to <i>disability</i> .*	
<input type="checkbox"/>	<input type="checkbox"/>	Age 65 (or older), enrolled and <i>entitled</i> to Medicare Parts A and B benefits.*	
<input type="checkbox"/>	<input type="checkbox"/>	Age 65 (or older), <i>not</i> enrolled in Medicare.	

*** Please submit a copy of your (and your spouses) Medicare Identification Card with this application.**

Request for Delayed Enrollment – All Plans

I wish to delay enrollment in the TBT Retiree Plan (or Plans) for which I am qualified because I am currently covered under an employer-paid plan. I understand that I must apply for TBT Retiree Plan enrollment within 60 days of loss of employer-paid coverage or I will not be allowed to enroll at a future date.

Please sign and submit this form (see page two).

Below This Line for Use by the TBT Plan Administration Office Only

Eligible For: CRP RSP SRP BRP. Last Active Month: _____. COBRA: Yes No. 1st Month: _____ Last Month: _____

First Retirement Month: _____ Contribution Rate: _____ Comments: _____

Please use the space below for any additional work history, comments or information:

Retiree's Signature:	Date Signed:
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Return this form to: Teamsters Benefit Trust - P.O. Box 5820, Fremont, CA 94537-5820
(Pre-addressed envelope enclosed).

You will be mailed information on the retiree Plan/s for which you are eligible.
If you have any questions, please phone the TBT Plan Administration Office at **(510) 796-4676** or **(800) 533-0119**
and ask for the Retiree Desk.
Fax: (510) 795-0680

Form B1