



APPLICATION FOR PLAN SR and/or DEATH BENEFIT

TRI-STATE JOINT FUND
RETIREE DEPARTMENT
609 WEST JOHNSON AVENUE 2nd Floor
CHESHIRE, CT 06410

TELEPHONE: 203-250-2601
800-292-8340

FOR OFFICE USE ONLY

TEAMSTERS LOCAL _____
HEALTH SERVICES AND INSURANCE PLAN

A preliminary review of our records indicates you MAY be eligible for the Special Retiree Health Benefits Plan (Plan SR) and/or Death Benefit from the Health Services and Insurance Plan of your Local. So that we can verify your eligibility for benefits, please complete this Application Form FRONT AND BACK and return it to the address above. You will be notified by Tri-State Joint Fund concerning your eligibility.

Member's Name _____ SSN or Member ID _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____ Phone _____

Spouse's Name _____ Date of Birth _____

Dependent Child _____ Date of Birth _____

Dependent Child _____ Date of Birth _____

List the names of all employers and Teamsters Locals for which you have worked and the dates you worked for each employer. (If you need more space to list your employers, attach a separate sheet of paper with names, Teamsters Locals, and dates.)

Table with 3 columns: NAME OF EMPLOYER, TEAMSTERS LOCAL #, DATES OF EMPLOYMENT (FROM) (TO). Includes multiple rows for data entry.

Date of Termination of employment with last employer _____

Are you currently receiving a pension? [] YES* [] NO**

*If YES, please indicate either New England Teamsters Pension Fund or name of company which will provide pension if not New England Teamsters Fund _____

**If NO, do you expect to apply for a pension within the next 12 months? [] YES [] NO

Please indicate through which Teamsters Local you are receiving or expect to receive a Pension _____

Signature _____

Date _____