

Teamsters Benefit Trust

ORDER FORM

For (check One): Plan I, II, III, IV, V (Five) or G Plan A Plan I - Local 85 Hour Bank

Name Employee Employer Local Union

Social Security No.

Phone No. ()

Mailing Address

Employer

Local Union No.

Claim Forms:

- Medical Dental RxAmerica Prescription Reimbursement
 Proof of Disability Accident & Sickness Weekly Benefit

Note: For Plan V Vision, use Medical Form and attach receipts.

Number of Forms Requested:

SPD Packets:

Plan: I I - Local 85 Hour Bank II III IV V A G CRP BRP SRP

Note: Guides, Summary of Coverage, Medical/Dental Comparisons are available individually.

Supplemental Benefits:

Guide (For participants with Supplemental Benefits only.)

- Booklets:** Life and AD&D Orthodontic
 Disability Prescription Drug
 Dental

HMO/PPO Forms:

- | | | | |
|--|----------------------------------|----------------------------------|---|
| <input type="radio"/> Kaiser: | <input type="radio"/> No. Calif. | <input type="radio"/> So. Calif. | <input type="radio"/> Senior Advantage (Medicare HMO) |
| <input type="radio"/> Health Net: | <input type="radio"/> No. Calif. | <input type="radio"/> So. Calif. | <input type="radio"/> Seniority Plus (Medicare HMO) |
| <input type="radio"/> PacifiCare: | <input type="radio"/> No. Calif. | <input type="radio"/> So. Calif. | <input type="radio"/> SecureHorizons (Medicare HMO) |
| <input type="radio"/> Delta Dental: | <input type="radio"/> No. Calif. | <input type="radio"/> So. Calif. | |
| <input type="radio"/> PacificDental Benefits | <input type="radio"/> No. Calif. | <input type="radio"/> So. Calif. | |
| <input type="radio"/> Bright Now! Dental | | | |
| <input type="radio"/> Interplan - Directory | <input type="radio"/> No. Calif. | <input type="radio"/> So. Calif. | <input type="radio"/> Interplan - Hospital List |
| <input type="radio"/> Other | | | |

Misc. Forms:

- Enrollment Medical Option Other
 Change of Address Dental Option
ID Cards: Plan A All other active Plans Comprehensive Retiree Plan (CRP)
 RxAmerica Plastic Card(s) One Two

Other Request:

For Internal Use: Give the completed form to Nitza (Mail Room).

She will fill the order or give it to the appropriate person.

Order Taken By:

Date:

Notes:

Order Filled By:

Date: