



**ALASKA TEAMSTER-EMPLOYER WELFARE TRUST**

520 E. 34<sup>th</sup> Avenue, Suite 107  
Anchorage, AK 99503-4116  
(907) 751-9700 or (800) 478-4450 (Toll Free)

**TEAMStar MEDICAL PLAN SELF-PAYMENT BILLING  
FORM FOR MEDICARE ELIGIBLE RETIREES**

**1. Personal Information: (Please Print)**

<b>R E T I R E E</b>	RETIREE NAME (LAST) (FIRST) (MI)			HICN/SSN	
	SPOUSE NAME (LAST) (FIRST) (MI)			HICN/SSN	
	DATE OF BIRTH / /	SEX M <input type="checkbox"/> F <input type="checkbox"/>	SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/>	TELEPHONE
	MAILING ADDRESS		CITY	STATE	ZIP CODE

➤ If you are presently Medicare eligible and have *never* been previously enrolled as a retiree; you can elect to enroll in the Alaska Teamster TEAMStar Group Plan administered by United American Insurance Company, during this *one-time* special enrollment period, for coverage effective July 1, 2014 provided you have met the retiree eligibility requirements. This TEAMStar coverage provides medical and prescription drug benefits only.

**2. Retiree and/or Spouse ~ TEAMStar Retiree Health Care (RHC) Benefit Coverage Election**

(Check one box only):  Medical & Prescription Drug Benefit - \$290     Medical Only - \$198  
 Prescription Drug Benefit Only - \$98     Retiree Life Insurance Benefit - \$30

**3. (Choose one box only) This TEAMStar Retiree Health Care (RHC) Benefit Coverage is for:**

Retiree Only\*     Retiree & Spouse     Surviving Spouse

\* I am aware that I am waiving coverage for my spouse \_\_\_\_\_

Signature of retiree or N/A if no dependents

**4. Authorization for Automatic Deduction:**

I authorize the deduction of the monthly medical plan self-payment from my pension benefit check if it is sufficient to cover the *entire* self-payment amount. I understand that I may revoke this authorization for automatic deduction at any time by written notice to the Welfare Trust at the address shown above.

YES     NO

I understand self-payment amounts are reviewed on an annual basis and are contingent on the cost to provide health care coverage. I further understand these self-payment amounts may be subject to change based on those annual reviews.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Office use only: \_\_\_\_\_ ATEPT deduction stopped    \_\_\_\_\_ ACH stopped    \_\_\_\_\_ Change form sent to A&I