



TEAMSTERS LOCAL 237 WELFARE FUNDS

216 WEST 14th STREET • NEW YORK, NY 10011
212-924-7220



INSTRUCTIONS FOR COMPLETING THE ENCLOSED

CSBA ENROLLMENT FORM

FOR LOCAL 237 PRESCRIPTION DRUG COVERAGE

President
GREGORY FLOYD

Dear CSBA Member,

Welcome to Teamsters Local 237 Welfare Fund prescription drug coverage. In order for you to access this benefit, it is essential that you complete a Local 237 *CSBA Enrollment Form*. It is very important that you complete this information accurately and provide us with the necessary supporting documentation. Missing or inaccurate information will delay access to your benefits. Do not cross out any areas which remain blank. Keep in mind that this submission is in addition to your enrollment for coverage with Aicare and for your Local 237 membership. These all require separate applications.

When providing the information on the *CSBA Enrollment Form*, please make sure both sides are filled in completely and then date and sign the form before returning it to the Local 237 Welfare Fund office at 216 W. 14th St., 3rd fl, New York, NY 10011. It is important to PRINT all information clearly so it can be entered correctly in our system. Your Social Security Number is **required**. When entering dates, precede any single digit month and day with a "0" – e.g. May 1, 1990 = 05/01/1990. Include your apartment number with your home address. If you make an error while completing the form, DO NOT make alterations. If necessary, you may request another form from the Welfare Fund office.

In Section A of the form, enter the information about you, the member. Section B is for your spouse or domestic partner's information. Section C **must** be completed with your signature and the current date. In Section D, on the back, list the information requested for any children under the age of 26. Additional copies of this page may be submitted if needed. However, for us to properly identify you dependents, all pages should be sent in together.

For your initial enrollment: Copies of your marriage license and dependent birth certificates are not required **if** your spouse or dependent child has the same last name as you. Otherwise, supporting documents are mandatory.

Please note the following regarding changes affecting your prescription drug coverage which will require a revised or updated Local 237 *CSBA Enrollment Form*:

- The information on any updated form will **completely replace** what was submitted in the past. Along with any changes, please make sure to list **everyone** who should continue to be covered. Omitted dependents **will be dropped** from coverage.
- If you are adding a spouse or domestic partner, please provide a copy of the marriage license or the domestic partner registration certificate. If you are adding a child, please also send a copy of the birth certificate or permanent guardianship papers.
- If you are changing your name, please include a copy of your legal proof of this change and a copy of your pay-stub that reflects that your new name is on file with your employer.

A properly completed *CSBA Enrollment Form* will help us to provide you with the best service possible.

Sincerely,

Teamsters Local 237
Enrollment Department

