

**TRANSPORT WORKERS UNION HEALTH & WELFARE PLAN
 TRANSPORT WORKERS UNION RETIREMENT & SEVERANCE FUND
 9411 PHILADELPHIA ROAD, SUITE S ♦ BALTIMORE, MARYLAND 21237-4168**

Telephone Numbers:

Local: 410-444-0659

Toll Free: 800-832-8982

Fax: 410-444-0035

Declaration of Health Insurance

Check here if **NO OTHER COVERAGE** available to you, your eligible spouse and/or dependents and sign & date this form at the bottom.

- OR -

If you, your spouse and/or dependent children have other coverage, **please complete the form below and return with a copy of the other carrier's identification card.**

Other Coverage Carrier Name	Policy Holder's Name	Type of policy (Retiree plan, Active plan etc.)	Effective date
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List who is covered and relationship to policy holder

Type of Coverage (Check all that apply)

Medical

Dental

Vision

Prescription Drug

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List who is covered and relationship to policy holder

Type of Coverage (Check all that apply)

Medical

Dental

Vision

Prescription Drug

Important: If the other coverage terminates, the Fund requires a copy of the HIPPA notice issued from the other carrier. This notice is required to be mailed upon termination.

Print Name

Member Signature

Date

SS#