

TEAMSTERS 206 EMPLOYERS TRUST
700 NE Multnomah Suite 350
Portland, Oregon 97232-4197
Phone (503) 238-6961 Toll Free (866) 230-6313

PLEASE PRINT

EMPLOYEE INFORMATION

EMPLOYEE

LAST NAME

FIRST NAME

MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE NUMBER: _____

LOCAL NO: _____

EMPLOYER: _____

I AM SUBMITTING

AS A NEW PARTICIPANT

TO UPDATE INFORMATION

TO ADD OR DELETE FAMILY MEMBERS

MARITAL STATUS:

MARRIED

DATE OF MARRIAGE _____

DIVORCE

DATE OF DIVORCE _____

SINGLE

WIDOWED

LEGALLY SEPARATED

CHOOSE ONE MEDICAL PLAN:

TRUST PLAN

KAISER

PROVIDENCE HEALTH PLAN

CHOOSE ONE DENTAL PLAN:

MODA

KAISER

IF YOU CHOSE PROVIDENCE HEALTH PLAN, PLEASE COMPLETE THE PROVIDENCE HEALTH PLAN ENROLLMENT FORM AND RETURN WITH THIS COMPLETED FORM.

IF YOU CHOSE KAISER, PLEASE COMPLETE THE KAISER ENROLLMENT FORM AND RETURN WITH THIS COMPLETED FORM.

DO YOU OR YOUR DEPENDENTS HAVE OTHER MEDICAL AND/OR DENTAL COVERAGE?

YES

SELF

TYPE OF COVERAGE:

MEDICAL

DENTAL

BOTH

NO

DEPENDENTS

NAME/ADDRESS OF

CARRIER: _____

DEPENDENT INFORMATION

SPOUSE NAME:

LAST NAME

FIRST NAME

MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____

EMPLOYER: _____

ALL ELIGIBLE DEPENDENTS MUST BE LISTED

1. **NAME:**

LAST NAME

FIRST NAME

MIDDLE INITIAL

CHECK IF STEPCHILD

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____

SEX:

M

F

2. **NAME:**

LAST NAME

FIRST NAME

MIDDLE INITIAL

CHECK IF STEPCHILD

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____

SEX:

M

F

3. **NAME:**

LAST NAME

FIRST NAME

MIDDLE INITIAL

CHECK IF STEPCHILD

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____

SEX:

M

F

4. **NAME:**

LAST NAME

FIRST NAME

MIDDLE INITIAL

CHECK IF STEPCHILD

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____

SEX:

M

F

PLEASE LIST ADDRESSES OF DEPENDENTS IF DIFFERENT FROM EMPLOYEE'S

1. _____

2. _____

LIFE INSURANCE BENEFICIARY INFORMATION

1. **PRIMARY BENEFICIARY**

RELATIONSHIP TO

2. **CONTINGENT BENEFICIARY**

SIGNATURE: _____

DATE: _____