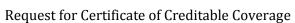
Mail to: TeamstersCare, 529 Main St Ste. 209 Charlestown, MA 02129





In order to request a Certificate of Creditable Coverage, please complete the information on this form and mail your request to the address listed above. A Certificate of Creditable Coverage is used to provide proof of insurance coverage to a policyholder and their covered dependents.					
Subscriber Information		Last 4 digits o	f SS #		
Last Name	First Name			Middle Initial	Birth Date
Home Address	City		State	Zip	
Home phone:	Cell Phone:		E-mail Address		
Certificate of Creditable Coverage Request Complete for each individual for whom a Certificate of Creditable Coverage is being requested:					
Complete for each individual for v	whom a Certificate of Cr Relationship to Subscriber	editable Coverage Mailing Address	is being request		elephone Number
Name	kelationsnip to Subscriber	Mailing Address		1	егерпопе Number
Signature					
Signature of Subscriber/Dependent:Date:					
*****If someone other than the subscriber or dependent is making the request, please complete below***** Name of authorized requester:					
Evidence of this person's authority to request and receive this information:					
Address to where certificate is to be mailed (if different from above):					
Signature of authorized requester:				Dat	e: