

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



Request for Certificate of Creditable Coverage

*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 of SS #

Last Name	First Name	Middle Initial	Birth Date ____/____/____
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Home Address	City	State	Zip
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Home phone:	Cell Phone:	E-mail Address
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**Certificate of Creditable Coverage Request**

*Complete for each individual for whom a Certificate of Creditable Coverage is being requested:*

Name	Relationship to Subscriber	Mailing Address	Telephone 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: \_\_\_\_\_ Date: \_\_\_\_\_