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BOARD OF TRUSTEES
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BOARD OF TRUSTEES

JAMES L. MCGEE, CEBS
FUND ADMINISTRATOR

Transit Employees'



HEALTH AND WELFARE PLAN

2701 WHITNEY PLACE • FORESTVILLE, MARYLAND 20747
PHONE: (301) 568-2294 • FAX: (301) 568-7302



MEDICARE INFORMATION FORM

Please provide the following information from your Red-White and Blue Medicare card

Name		Date of Birth	
Health Plan		SSN	
Employee No.			

Medicare Claim Number			
Hospital Insurance (Part A)	<input type="checkbox"/>	Effective Date	
Medical Insurance (Part B)	<input type="checkbox"/>	Effective Date	

Indicate if you or your spouse are receiving Social Security Disability benefits:

MEMBER Yes No Effective Date _____

SPOUSE Yes No Effective Date _____

Signature		Date	
Address			
City	State	ZIP	Telephone Number

Please complete this form and return to the Health & Welfare Office to continue your health benefits