

# Transit Employees'



## HEALTH AND WELFARE PLAN



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Dear Member:

Our records indicate that you and your spouse, a plan member, have dual coverage under the Transit Employees' Health and Welfare Plan. Appendix B, Section H (5) of the agreement between the Washington Metropolitan Area Transit Authority (**WMATA**) and **Local 689** of the Amalgamated Transit Union AFL-CIO, effective May 1, 1995, states, "if two or more employees of the same family are eligible for separate family coverage, their coverage shall be consolidated into **one** family plan." Therefore, by that agreement, you must decide whether you or your spouse will carry the family plan coverage.

### Primary Member

Payroll #	Print Name	Signature

### Spouse

Payroll #	Print Name	Signature

I \_\_\_\_\_ agree that  
\_\_\_\_\_ will be added to my coverage as a  
dependent effective \_\_\_\_\_.

Date signed: \_\_\_\_\_

Please return the completed form to the Health and Welfare office in the enclosed self-addressed envelope. **If the form is not received by \_\_\_\_\_, the employee whose birth date comes first (month and day) will be designated to carry the family plan coverage.**