



TRANSIT EMPLOYEES' HEALTH AND WELFARE PLAN

2701 Whitney Place #100

Forestville, Maryland 20747

P: 301-568-2294 F: 240-745-3956 E: INFO@TEHW.ORG

Dear Member,

Our records show that both you and your spouse, as plan members, currently have dual coverage under the Transit Employees' Health and Welfare Plan. According to 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:

"If two or more employees of the same family are eligible for separate family coverage, their coverage shall be consolidated into one family plan."

In accordance with this provision, you are required to decide whether you or your spouse will carry the family plan coverage.

Please indicate your selection by completing the enclosed form, confirming who will maintain the family coverage and who will be listed as a dependent, effective: ____/____/____.

Primary Member

Name (Print): _____ Employee #: _____

Signature: _____

Spouse

Name (Print): _____ Employee #: _____

Signature: _____

Please return the completed form to the Health and Welfare office using the enclosed self-addressed envelope.

If we do not receive your response by ____/____/____, the family plan coverage will automatically be assigned to the employee whose birth date occurs first (month and day).