

MERCK-MEDCO TRANSMITTAL FORM

THIS BLOCK IS FOR THE FUND TO COMPLETE

Date: ____/____/____

Prepared By: _____

Group Name: **TEAMSTERS**

Group Number: **170437** **A P R C E** (Please Circle One)

Coverage Code: 1 = Employee Only 3 = Employee / Children
 4 = Employee / Spouse 6 = Full Family

Effective Date: ____/____/____

Category:

- | | | |
|---|-------------------------|---------------------|
| New Member | New Dependent | Terminate Member |
| Reissue Coverage | Issue New Card | Terminate Dependent |
| Change Address | Change Dependent to FTS | Group Transfer |
| Terminate Member – Add Spouse as New member (Spouse's SS#: _____) | | |

Member Social Security Number: _____

Address: _____

City, State, Zip Code: _____

Relationship to Cardholder Codes:

2 = Spouse 3 = Child 4 = Student 5 = Disabled Dependent

	<u>First Name:</u>	<u>M.I.</u>	<u>Last Name:</u>	<u>Rel</u>	<u>Sex</u>	<u>Date of Birth</u>
Member				1		__/__/__
Spouse				2		
Dependent						
Dependent						
Dependent						
Dependent						
Dependent						
Dependent						

Comments: _____
