AMALGAMATED TRANSIT UNION
DIVISION 757
RETIREE HEALTH AND WELFARE PLAN
ENROLLMENT FORM

Please complete and return this form to: **ATU Trust Administrator, 29866 Gadotti Dr. Scappoose, OR 97056**

1. NAME: _____
2. ADDRESS: _____
   _____
   _____
   _____
3. PHONE #_____
4. EMAIL: _____
5. SOCIAL SECURITY NUMBER: _____
6. DATE OF BIRTH: _____
7. SPOUSE NAME: _____
8. DATE OF BIRTH: _____
9. SOCIAL SECURITY NUMBER: _____
10. LAST DAY WORKED: _____
11. PERS RETIREMENT DATE: _____

Please attach a copy of your proof of insurance, such as monthly receipts, a letter from the carrier and/or a copy of the Social Security letter stating the cost the current Medicare Part B deducted from your social security benefit.

12. Are you or your spouse covered by any other health insurance (other than Medicare)?

    [ ] Yes [ ] No

13. If *yes*, Name and Address of other Insurance Carrier:
    _____
    _____
    _____
14. Phone Number: _____
15. Policy Number: _____

16. If *no*, do you wish to enroll in the Kaiser Permanente Plan? [ ] Yes [ ] No

[ ] I wish to waive participation in the Amalgamated Transit Union, Division 757 Retiree Health and Welfare Plan currently. I understand that I will only be able to enroll during open enrollment Oct 15th thru Dec 7th each year.

17. If a retiree was employed at C-Tran in a bargaining unit, prior to that bargaining unit joining the Health and Welfare Trust Fund, at the retirement of that employee, he/she must notify the Administrator of their choice of benefits, either "years of service" or "years of contribution/participation." This shall be a onetime choice**.**

[ ] I elect to have my benefits calculated on **YEARS OF SERVICE**

[ ] I elect to have my benefits calculated on **YEARS OF CONTRIBUTION/PARTICIPATION**

Signature:_____

Date:_____

INTERNAL USE:

DATE RECEIVED BY ADMINISTRATOR:_____

Direct Deposit: ( ) YES or NO ( )

Financial Institution/ with Address:

_____

_____

Routing Number: _____

Account Number: _____

Type:
( ) Checking Account

( ) Savings Account

Form updated 1/1/2024