



**ALASKA TEAMSTER-EMPLOYER**  
WELFARE TRUST

**ALASKA TEAMSTER MEDICARE RETIREE**  
**DISENROLLMENT FORM**

PARTICIPANT / SPOUSE'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Please Print Clearly)

I hereby elect to drop my participation in the Alaska Teamster-Employer Welfare Plan (the "Plan") as a Medicare eligible Retiree or Dependent effective the last day of \_\_\_\_\_, 20\_\_\_\_ for the following benefit coverage:  
(Check one box only)

- Medical, Prescription Drug & AKT Life Insurance Benefit
- Medical & AKT Life Insurance Benefit
- Medical & Prescription Drug
- Prescription Drug Benefit Only
- AKT Life Insurance Benefit Only

I understand the Plan must receive this written notice of cancellation *on or before* the date designated above. I further understand that by dropping my participation in the Plan as a Medicare Retiree or Dependent of a Medicare Retiree, that:

- I am not eligible to enroll again and that this *termination* of my coverage is permanent, and
- I will not be eligible for any medical and prescription drug benefits, and
- I will not be eligible for the \$5,000 life insurance benefit (*applies to retirees only*); and
- any services rendered to me on or after the effective date shown above will not be covered by the Plan.

I hereby attest that I am of sound mind and fully understand the decision I have made to drop participation in the Alaska Teamster-Employer Welfare Plan with respect to benefit coverage through United American (TEAMStar) and/or the retiree life insurance benefit administered by the Welfare Plan. I further understand that I cannot re-enroll once coverage is dropped. Additionally, I understand this disenrollment form must be received by the Trust office before the 15<sup>th</sup> of the month in which the form has been signed in order to stop any self-payment made through (1) an automatic pension deduction and/or (2) an automatic ACH withdrawal from a bank account. I further understand that in the event this disenrollment form is received after the 15<sup>th</sup> of the month, any self-payment refund that is due to me will be processed within 3-4 weeks.

\_\_\_\_\_  
Retired Participant's Signature

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

(\* Please note: Pension deductions and/or ACH withdrawals from bank accounts are pre-programmed and must be deleted when a member drops the Plan. We will make every effort to stop your deduction or withdrawal, but there is a certain amount of processing time involved. If a deduction is made for the month after coverage ends, you will receive a refund check from the Trust office.

*Please return form to:*  
Alaska Teamster-Employer Welfare Plan  
520 East 34<sup>th</sup> Avenue, Suite 107  
Anchorage AK 99503  
Fax: 907-751-9738  
Email: [benefits@959trusts.com](mailto:benefits@959trusts.com)