

Transit Employees'



HEALTH AND WELFARE PLAN



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Dear Member:

Our records indicate that you and your child are eligible for coverage under the Transit Employees' Health & 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, you may enroll your child in your health plan by that agreement.

This form allows you to add/keep your dependent child on your health plan. At any time, you or your child may void this agreement. In every case, the child is only eligible to stay on the parent's plan until they would otherwise lose coverage – the end of the month they reach age 26.

Primary Member

Payroll #	Print Name	Signature

Child

Payroll #	Print Name	Signature

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

Signature

Date

Please return the completed form to the Transit Employees' Health and Welfare office in the enclosed self-addressed envelope. **If the form is not received by _____, The Dependent will be placed on the default plan.**