

CITY OF PONTIAC VEBA TRUST

P. O. Box 4565; Troy, MI 48099-4565
Phone: (248) 641-4990

VITAL INFORMATION FORM

RETIREE INFORMATION (Please Print)

Last: _____ First: _____ Middle: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Telephone Number: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____ Gender: Male Female

Marital Status: (please circle one) Single Married Divorced Widowed

Date of Marriage/Divorce/Legal Separation (if applicable): _____

Current Status: (please circle one) Retired Disabled Surviving Spouse Vested Deferred

Date of Current Status (from above): _____

Medicare Card ID #: _____

SPOUSE INFORMATION (Please Print)

Last: _____ First: _____ Middle: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Telephone Number: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____ Gender: Male Female

Marital Status: (please circle one) Single Married Divorced Widowed

Date of Marriage/Divorce/Legal Separation (if applicable): _____

Current Status: (please circle one) Retired Disabled Surviving Spouse Vested Deferred

Date of Current Status (from above): _____

Medicare Card ID #: _____

Dependent Information

Dependents eligible for health care as of December 22, 2011 must live in your household and be a dependent for federal tax purposes or you must have legal responsibility for providing health expenses for the child to qualify for coverage under this plan.

Full Name	Relation	Date of Birth	Soc. Sec. No.	Married
				Y or N
				Y or N
				Y or N
				Y or N

Eligibility for benefits will be verified during the open enrollment process. Submission of this form does not guarantee or verify that you are eligible for benefits.

I agree to notify the VEBA Trust within 30 days of any changes to the above information. Further, I declare all the above information to be complete and correct. I understand that stating false or misleading information or the omission of material information could be grounds for denial of benefits.

RETIREE SIGNATURE

Date