Change in Family Status Form

Michigan Conference of Teamsters Welfare Fund
2700 Trumbull Ave.
Detroit, Michigan 48216
313-964-2400

MCTWF requires immediate notification of individuals who are either new beneficiaries or who are no longer beneficiaries of yours. Failure to promptly notify MCTWF may result in the loss of coverage for new beneficiaries and, in the case of former beneficiaries, may result in recovery actions for benefits paid and the loss of right to COBRA continuation coverage.

Please complete, sign and return to MCTWF at the above address. You must include the appropriate documentation, as described below, to support the type of status change noted for each beneficiary. Additional information may be required upon request from MCTWF.

By signing this form I certify that the information provided is complete and accurate as of the date of my signature.

Participant Name (please print) ________________________________
Participant Signature ________________________________
Date ________________________________

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