

# **REQUEST FORM**

Teamster Local 805

Employee's name: \_\_\_\_\_

Employees Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employees Social Security: \_\_\_\_\_

Employer: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

## ***Requesting the following:***

AETNA CARD \_\_\_\_\_

Express Scripts: \_\_\_\_\_

Healthplex \_\_\_\_\_

Grievance form: \_\_\_\_\_

Welfare Fund Summary Plan Booklet: \_\_\_\_\_

Aetna Directory: \_\_\_\_\_(to get it on-line, go to: [AETNA.COM](http://AETNA.COM)):

Date submitted to Business Agent or Office: \_\_\_\_\_

Date mailed out to member: \_\_\_\_\_

Other:

\_\_\_\_\_