



Children are not covered after attaining age 19 except as indicated in the definition of an Eligible Dependent as stated in the booklet describing the Railroad Employees National Early Retirement Major Medical Benefit Plan.

**If you listed children age 19 or over, complete the section below.**

	First Name	MI	Disabled Yes/No	Student Yes/No	If student, give name, address and telephone number of school
Child 1	_____	___	_____	_____	_____
Child 2	_____	___	_____	_____	_____

### Part 3 – Employee Verification

All information on this form is true and correct to the best of my knowledge.

This information will be used in connection with my claims for benefits under the plan. I understand it is my obligation to keep this information up to date by calling UnitedHealthcare at 1-800-842-5252 with any changes. Failure to do so may affect my benefits under the Plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### IMPORTANT!!!

UnitedHealthcare verification will be faster if you include copies of the following:

1. Your last BA-6 FORM
2. Form AA-1 – RECEIPT FOR YOUR CLAIM
3. Your AWARD NOTICE

All of these forms are furnished by the Railroad Retirement Board.

When completed, mail this form to: UnitedHealthcare Railroad Administration 450 Columbus Blvd. PO Box 150453 Hartford, CT 06115-0453
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Group Health Plan GA-46000 does not cover persons eligible under Medicare. Persons approved for disability Medicare Part A must enroll for additional Medicare benefits. If you or any dependent is now, or becomes eligible for early disability Medicare, you must notify us immediately. If you do not notify us you will become responsible for any medical bills that we have paid without knowledge of Medicare. See the section in the booklet entitled “Additional Information” regarding Medicare.