



Washington Teachers' Union

FULFILLING THE COMMITMENT TO BUILD GREAT MINDS

WTU RETIREES CHAPTER – NEW MEMBERSHIP & BENEFITS APPLICATION

Please complete this form if you have retired on or after January 1st of the calendar year.

PERSONAL INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

SSN: _____ Personal Email: _____

Birth Date: _____ Retirement Date: _____

IMPORANT NOTES

If you retire on or after January 1st of the current calendar year and wish to continue your dental / vision coverage until the end of the current calendar year, you must join the WTU - Retirees Chapter to become eligible to enroll in dental and/or vision benefits.

Dental / vision premium rates are prorated from your retirement date to December 31st of the calendar year.

Please call the WTU Membership Department at 202-517-0728 or email membership@wtulocal6.net if you have any questions.

2024 – WTU RETIREE CHAPTER DUES & DENTAL / VISION PRORATED PREMIUMS

Retiree Chapter Membership Dues \$55

*Please note, you MUST pay retiree dues to be eligible for Dental and/or Vision benefits.

2024 VISION Prorated Premiums

Check Month to Begin Coverage		PREMIUM
	January	\$ 311.16
	February	\$ 285.23
	March	\$ 259.30
	April	\$ 233.37
	May	\$ 207.44
	June	\$ 181.51
	July	\$ 155.58
	August	\$ 129.65
	September	\$ 103.72
	October	\$ 77.79
	November	\$ 51.86
	December	\$ 25.93

2024 DENTAL Prorated Premiums

Check Month to Begin Coverage		SINGLE PREMIUM	FAMILY PREMIUM
	January	\$ 549.96	\$ 1099.92
	February	\$ 504.13	\$ 1008.26
	March	\$ 458.30	\$ 916.60
	April	\$ 412.47	\$ 824.94
	May	\$ 366.64	\$ 733.28
	June	\$ 320.81	\$ 549.96
	July	\$ 274.98	\$ 641.62
	August	\$ 229.15	\$ 458.30
	September	\$ 183.32	\$ 366.64
	October	\$ 137.49	\$ 274.98
	November	\$ 91.66	\$ 183.32
	December	\$ 45.83	\$ 91.66
INDICATE (CIRCLE) PLAN TYPE:			
IN-NETWORK ONLY		PPO PLAN	

TOTAL 2024 Coverage Cost = _____ (ADD: \$55 Dues + Dental Premium + Vision Premium)

Notice: You are required to re-enroll for membership in the WTU Retirees Chapter along with vision and/or dental benefits each year during the open enrollment period for the next calendar year.

THIS IS NOT A HEALTH INSURANCE PLAN. THIS PLAN COVERS ONLY DENTAL AND/OR VISION BENEFITS, DEPENDING ON YOUR ELECTION.

FAMILY/DEPENDENT INFORMATION

Dependent 1

Full Name: _____
Last *First* *MI*

SSN: _____ - _____ - _____

Relationship: Spouse ☐ Child ☐ Domestic Partner ☐ Child of Domestic Partner ☐

Date of Birth: _____ Male ☐ Female ☐

Disabled? YES ☐ NO ☐

Full Time Student? YES ☐ NO ☐

****Verification:** Please attach a copy of one of the following forms of verification

Child:	Birth certificate
Adopted child:	Adoption certificate
Spouse:	Marriage certificate
Child of domestic partner:	Marriage certificate and birth certificate

Dependent 2

Full Name: _____
Last *First* *MI*

SSN: _____ - _____ - _____

Relationship: Spouse ☐ Child ☐ Domestic Partner ☐ Child of Domestic Partner ☐

Date of Birth: _____ Male ☐ Female ☐

Disabled? YES ☐ NO ☐

Full Time Student? YES ☐ NO ☐

****Verification:** Please attach a copy of one of the following forms of verification

Child:	Birth certificate
Adopted child:	Adoption certificate
Spouse:	Marriage certificate
Child of domestic partner:	Marriage certificate and birth certificate

Dependent 3

Full Name: _____
Last *First* *MI*

SSN: _____ - _____ - _____

Relationship: Spouse ☐ Child ☐ Domestic Partner ☐ Child of Domestic Partner ☐

Date of Birth: _____ Male ☐ Female ☐

Disabled? YES ☐ NO ☐

Full Time Student? YES ☐ NO ☐

****Verification:** Please attach a copy of one of the following forms of verification

Child:	Birth certificate
Adopted child:	Adoption certificate
Spouse:	Marriage certificate
Child of domestic partner:	Marriage certificate and birth certificate

PAYMENT

Prorated benefits are activated *after* January 1st of each calendar year.

New retirees are required to pay for benefits with a check or a money order.

Please remit your application along with your check or money order to:

Washington Teachers' Union – Retiree Chapter Dues and Benefits
Membership & Benefits Department
1239 Pennsylvania Ave, SE
Washington, DC 20003

If you have questions, please contact:

Membership & Benefits Department - Retiree Benefits
Carlton E. Nettles - 202-957-1773