



Verification of Health Insurance Premiums

Rebate period July 1, 2010 through December 31, 2010

Personal Identification	
Name: _____	SSN: _____
Address: _____	

Spousal Identification – Completed by the pensioner	
Who has the insurance policy? _____ pensioner or _____ spouse (check one)	
<i>If the policy is under the spouse, insert spouse's name and Social Security #</i>	
Spouse Name: _____	SSN: _____

Monthly Health Care Premium Verification – Single, Couple or Family Coverage			
<i>To be completed by the organization through which the above named has obtained his/her health insurance coverage. For family coverage, list rates for single and couple coverage.</i>			
<u>Single Premium Cost for July 2010</u>		<u>Couple Premium Cost for July 2010</u>	
Member's Cost	_____	Member's Cost	_____
Organization's Cost	_____	Organization's Cost	_____
Total Monthly Cost	_____	Total Monthly Cost	_____
<i>Please complete any rate changes that occurred after July 1, 2010 through the period ending December 31, 2010.</i>			
Month _____ Year _____ of 1 st rate change			
<u>Single Premium Cost</u>		<u>Couple Premium Cost</u>	
Member's Cost	_____	Member's Cost	_____
Organization's Cost	_____	Organization's Cost	_____
Total Monthly Cost	_____	Total Monthly Cost	_____
Month _____ Year _____ of 2 nd rate change			
<u>Single Premium Cost</u>		<u>Couple Premium Cost</u>	
Member's Cost	_____	Member's Cost	_____
Organization's Cost	_____	Organization's Cost	_____
Total Monthly Cost	_____	Total Monthly Cost	_____

Signature: _____ **Verification Date:** _____

Affix company stamp or staple business card here. **Phone #:** _____

Please return this verification letter to the retiree. They will be responsible for submitting the letter to Chicago Teachers' Pension Fund as part of their rebate application.