Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds

Date: November 10, 2026

Re: Request for Dependent Social Security Number Information

Dear ***Participant***:

Our records indicate that we do not currently have a Social Security Number (SSN) on file for one or more of your covered dependents.

The Fund requires this information to maintain accurate dependent eligibility records, properly administer benefits, and comply with applicable federal reporting requirements, including Medicare reporting obligations when applicable.

The dependent for whom this information is needed is identified on the notice accompanying this letter. If Social Security Numbers are missing for more than one dependent, you will receive a separate notice for each dependent.

Please provide the requested information within 30 days of the date of this letter, no later than December 10, 2026.

Providing this information is important to ensure that the Fund maintains complete and accurate records and meets its administrative and reporting obligations. If the requested information is not received by the deadline, the Fund Office may contact you again to obtain the information necessary to complete our records and could affect our ability to properly administer your dependent's benefits.

How to Respond

The quickest way to provide the requested information is to contact the Fund Office at **(804) 282-3131 or (800) 852-0806**.

Alternatively, you may complete and return the enclosed form by mail or fax using the instructions provided on the Form attached to this notice.

If your dependent has not been issued a Social Security Number, please contact the Fund Office so we can document that circumstance and determine whether alternative identifying information is appropriate.

Important Security Reminder: For your protection, please do not send Social Security Numbers or other sensitive personal information by email. This information should only be provided by telephone, mail, or fax.

www.tjc83funds.org
8814 Fargo Road · Suite 200 · Richmond, VA 23229
Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530
Email: documents@tjc83funds.net

If you believe you have already provided the requested information, please contact the Fund Office so we can review your account and update our records as necessary.

Thank you for your prompt attention to this important request.

Sincerely,

TJC83 Fund Office
Health & Welfare – Eligibility

Attachment: Dependent SSN Verification Form

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DEPENDENT SSN VERIFICATION FORM

If you prefer to respond by mail or fax, please complete and return this form using the instructions below.

Please do not email Social Security Numbers or other sensitive personal information.

Participant Name: _____

Participant ID: _____

Phone Number: _____

Dependent Social Security Number Verification

Dependent Name	Social Security Number

I certify that the information provided on this form is true and correct to the best of my knowledge.

Participant Signature: _____

Date: _____

Return Completed Form By Mail or Fax

Mail To:
Teamster Joint Council No. 83 Health & Welfare Fund
Attn: Eligibility
8814 Fargo Rd Ste 200
Richmond, VA 23229

Fax: (804) 288-3530

Questions ? Contact the Fund Office at **(804) 282-3131** or **(800) 852-0806**