



# BAY AREA DELIVERY DRIVERS SECURITY FUND



4160 DUBLIN BOULEVARD, SUITE 400 • DUBLIN, CA 94568-7756  
TOLL FREE (800) 654-1824 • FAX (925) 833-7301

## KAISER WITHDRAWAL FORM

I want to withdraw from KAISER HMO and change to the fee-for-service (Indemnity Plan) medical plan provided by the Bay Area Delivery Drivers Security Fund. I understand that my medical coverage with the Bay Area Delivery Drivers Security Fund will become effective the 1st day of the month after this form is completed and returned to the Trust office.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
Plan ID Number  
Or Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Send form to:  
Bay Area Delivery Drivers Security Fund  
4160 Dublin Blvd, Suite 400  
Dublin, CA 94568-7756

Or FAX to 925-833-7301