

Plumbers & Steamfitters Local 434 Fringe Benefit Funds
Wilson-McShane Corporation – Fund Administrator
3001 Metro Drive Suite 500
Bloomington, MN 55425
(952) 854-0795 or (800) 535-6373

Retiree Plan Election Form

Upon retirement, an employee has a one-time option of continuing medical, life, accidental death and dismemberment and the optional dental and vision care benefits. If an employee elects not to continue benefits at the time of his/her retirement, he/she may not enroll at a later date unless he/she attains eligibility as an active bargaining unit employee and re-satisfies the retiree eligibility provisions as a bargaining unit employee. Once an election of coverage is made a later election to a different form of coverage under the Plan cannot be made.

Pre-Medicare retirees have a one-time option of continuing coverage under:

1. Class C
2. Reduced Cost Option (provides reduced benefits at a lower cost as described in the Schedule of Benefits on page 8 of the SPD)

Medicare Retirees have a one-time option of continuing coverage under:

1. Class D

I hereby request to continue insurance for myself and my dependents in Class/Option _____ at the self-payment rate to be determined from time to time by the Board of Trustees. I understand that failure to make the required self payment will cancel my health coverage and I may not become reinstated in the Retiree Plan.

My retirement date is/was: _____

Phone _____

Participant signature

Date

Print participant name

Social security number

Mailing address

City, State, Zip Code

Administrative only

1. The above named participant was an eligible employee under this fund at the time of retirement. Yes ___ No ___
2. The employee has had at least 5,000 hours of employer contributions remitted to the fund on his behalf for the five consecutive years immediately preceding retirement. Yes ___ No ___
3. The participant has been eligible under Local 434 Health & Welfare Fund for five consecutive years immediately preceding retirement. Yes ___ No ___

Administrative Office Signature _____ Date _____