

IBEW LOCAL 76 SUBSIDIZED RETIREE HEALTH & WELFARE

APPLICATION FOR PARTICIPATION

Name _____ Date of Birth _____ SS# _____

Address _____

City _____ State _____ Zip _____ Phone(____) _____

Last Employer _____ Last Day Worked _____

IBEW Home Local # _____ City _____ State _____ Member # _____

Married: Yes ___ No ___ If yes, name of spouse _____

Spouse's date of birth _____ Spouse's SS# _____

Do you have any eligible dependents (must be eligible under the same qualification rules as provided for in the IBEW Health and Welfare Trust of Southwest Washington) other than spouse: Yes ___ No ___ If yes, please list the full name, date of birth and SS# _____

One of the qualifying rules for participation in this Plan is that you have worked in the electrical industry for the past 15 years. This qualification must be certified to by IBEW Local 76, and therefore, the following information is required for the certification:

During the last fifteen years I have worked as an electrician in the electrical construction industry as a commercial wireman. Yes ___ No ___ If you responded "No" please indicate the Local Union(s) that you were affiliated with and the time period.

The foregoing has been certified and approved by _____ Date _____
(Authorized representative of IBEW Local 76)

If you qualify for participation your co-payments will be made through the use of your dollar bank (provided you have a sufficient bank balance) in the IBEW Health and Welfare Trust of Southwest Washington, However, you may freeze your dollar bank and make the co-payments through a billing process provided by the administrator. Please indicate your choice as follows: (1) I wish to use my dollar bank balance for making my co-payments ____, (2) I do not wish to use my dollar bank balance for making my co-payments ____.

Please read the reverse side of this form for the qualification and operating rules of the Plan and then complete this form and return it with a copy of your birth certificate and your Pacific Coast Pension Award Letter to;

Employee Benefit Administrators, Inc., PO Box 1747 Duvall, WA 98019

I have read the qualification and operating rules of the Plan and agree to abide by them concerning my participation in the Plan and certify that the information provided herein is accurate and true.

Signature

Date

IBEW LOCAL 76 SUBSIDIZED RETIREE HEALTH & WELFARE

QUALIFICATION AND OPERATING RULES

Qualification:

1. The member must be at least age 59, but not over age 65. Eligibility begins on the first day of the month following the month in which the member attains age 59, meet the other qualifying requirements and has filed an enrollment form which was been approved by a representative of IBEW Local 76 and the Administrator.
2. The member must have been employed by an employer who is contributing to the IBEW Local 76 Retiree Health and Welfare Trust.
3. The member must have had 36 months of continuous coverage immediately prior to the first day of coverage under this Plan. Coverage can be the result of active employment, partial self-payment where allowed by the IBEW Health and Welfare Trust of Southwest Washington Plan, Trust paid disability continuation coverage, COBRA or retiree coverage.
4. The member cannot have had a break of more than 12 continuous months under the IBEW Health and Welfare Trust of Southwest Washington in the five years prior to the first month of coverage.
5. The member must have been employed in the electrical industry for at least 15 years.
6. The member must be qualified for a Pacific Coast Pension Plan Benefit or be employed by an employer who has entered into a Business Associates Agreement that allows for the participation of employees in this portion of the Plan.
7. The Participant must have a minimum of 36 months of employer Subsidized Retiree Health and Welfare contributions paid into the Plan on behalf of the Participant.
8. The spouse of the member will be eligible so long as the member is eligible and the co-payment is made on his/her behalf. However, the spouse must apply for Medicare Parts A and B when he/she reaches age 65. Dependent children (as defined in the IBEW Health and Welfare Trust of Southwest Washington) can be included in the coverage while the member is eligible and as long as the appropriate co-payment is made.

Rules Governing Participation:

1. Eligible participants must make monthly co-payments of 20% of the Active Participant monthly premium. Dependents of the participant may be added to the Plan for an additional 10% of the Active Participant premium for each dependant added; not to exceed a total of 50% of the Active Participant premium.
2. Payments will be made directly from your dollar bank in the IBEW Health and Welfare Trust of Southwest Washington. If your dollar bank is insufficient to pay the premium for coverage or if you have frozen your dollar bank you will be billed for the difference.
3. Co-payments must be made prior to the 24th day of the month for which the coverage is being purchased. Failure to make co-payments in a timely manner can result in loss of coverage and transfer back to the regular retiree program under the IBEW Health and Welfare Trust of Southwest Washington Plan.
4. Coverage will terminate on the first day of the second month following a month in which the participant works more than 39 hours of covered employment (requiring health and welfare contributions). Re-enrollment may be activated on the first day of the second month following the month in which covered employment drops below 40 hours.