

Plumbers & Steamfitters Local 486

Medical Fund

911 Ridgebrook Road

Sparks, Maryland 21152-9451

Toll Free Telephone (888) 494-4443

www.associated-admin.com

RETIREE MEDICAL BENEFITS

MONTHLY SELF PAYMENTS

Dear Retiree:

If you are an active participant in the Plumbers & Steamfitters Local 486 Medical Fund when your active employee coverage exhausts, you will no longer be eligible for benefits from that Plan as an active participant. When you retire, you can exercise your COBRA rights as described in the Summary Plan Description to continue your active benefits. If you elect to waive your rights, you may continue to be eligible for benefits **as a retired participant. By signing for retiree medical benefits on this form, you waive your rights to continue coverage through COBRA.**

In brief, Fund rules state that a retiree may not work 40 hours or more per month in the same industry as covered by the Fund and collect pension benefits. To be eligible for medical benefits as a retiree (apart from COBRA), you must be either:

- At least 55, retired, have earned not less than 17 pension credits under any combination of the Steam and General Pipefitters Local 438 Pension Plan, the Plumbers and Gasfitters Local 48 Pension Plan, or the Plumbers & Steamfitters Local 486 Pension Plan in the 26 calendar years immediately preceding the effective date of your retirement under said plan, and covered under this Plan during the 6-month period immediately preceding your retirement; or
- Eligible for a Disability Pension from the Steam and General Pipefitters Local 438 Pension Plan, the Plumbers and Gasfitters Local 48 Pension Plan, or the Plumbers & Steamfitters Local 486 Pension Plan and eligible for coverage in the quarter immediately preceding the date of your disability.

Self Payments

Retirees must make a monthly self payment to maintain eligibility for medical benefits. The self payment takes into consideration your age and service at retirement, your Medicare eligibility, and your dependent eligibility.

If you are Medicare eligible and do not buy Part B of Medicare, the Fund does not provide benefits even if you're self paying. Please be advised prescription coverage is included with your self payment.

Waiver of Coverage

Eligible retirees and/or their dependents may waive coverage but only if other health insurance coverage is available and the retiree and/or dependents choose to enroll in that coverage instead of the Plan. If retirees and/or their dependents waive coverage, they may re-enroll in the Plan at a later date without penalty, but only upon termination of (or loss of eligibility for) the other coverage.

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APPLICATION FOR RETIREMENT STATUS – MEDICAL FUND

Name (First, Middle initial, Last) Social Security Number

Address City State Zip Code

Date of Birth (mm/dd/yyyy) Phone Number Date of Initiation (mm/dd/yyyy)

Marital Status: Married Widowed Never been married Separated Divorced

Date of Marriage _____

Coverage Desired: Individual Parent-Child Family Husband-Wife Waive Coverage

List All Eligible Dependents:

Relationship	Name	Social Security Number	Date of Birth (mm/dd/yyyy)

Name of any other health insurance with which you or your dependents have as other coverage, including Medicare:

Name	Policy Number	Name of Insurance	Policy Holder's Name

IF ANYONE HAS MEDICARE, PLEASE SEND A COPY OF MEDICARE CARD(S).

I certify that the above persons listed as dependents are my wife and/or children and that I will retire and permanently withdraw from active employment under the Plumbers & Steamfitters industry within the State of Maryland and any intersecting metropolitan areas on the _____ day of _____ 20 ____.

Signature Date

For Office Use Only – Please Do Not Write in Spaces Below

Retirement Effective Date: _____ Type of Retirement: _____ Age: _____

Approved for Retirement Status: Normal Disability

Chairman _____ Date _____