



## MICHIGAN REGIONAL COUNCIL OF CARPENTERS' FRINGE BENEFIT FUNDS

P.O. Box 4540 • Troy, MI 48099-4540  
Telephone: (248) 641-4950 800-572-2525



### RETIREE OPT-OUT FORM

*I wish to **opt-out** of my current health care coverage under the Michigan Regional Council of Carpenters Employee Benefits Plan for Retirees and understand and accept the following requirements:*

- The Retiree must provide proof of comparable coverage through a spouse or other source at the time of "opt-out".
- A small administrative charge (\$25) will be applied each month to "hold open" the retiree's option to return to the plan.
- The Retiree has the ability to reinstate if his or her coverage elsewhere is terminated.
- The plan requires proof of continuity of coverage from the Retiree to reinstate.
- The \$25 monthly fee is per family that is Retiree, Spouse and Dependents.
- The \$25 monthly fee is due the last day of the month prior to each month of opt-out; for example, to hold open the month of September, payment would due August 31<sup>st</sup>.
- If the Retiree dies while in opt-out status, the Surviving Spouses shall be eligible to continue the option, as long as the \$25 monthly payments continue to be made.
- Once the Retiree elects to return to the Plan, coverage under the Plan resumes the first of the month following notification and qualification.
- When the Retiree returns to the Plan, the existing applicable schedule of benefits and the self-payment rate in effect at that time will prevail.
- While in opt-out status, the Retiree will not be eligible for any benefits under the Plan, including disability, death, dental, prescription or AD&D.

*By signing this form, I acknowledge that I am opting out of the Plan with the option of returning at a later date if I meet all of the requirements. I have enclosed proof of comparable coverage from another source and understand that my coverage will be terminated effective the first day of the month following the month in which this form is received by the Fund Office, at the address listed above.*

Print Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Retiree's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As always, should you have any questions please do not hesitate to contact the Fund Office at (800) 572-2525 or (248) 641-4950.