



Heat & Frost Insulators of Northern California Local 16 Trust Funds

RETIREE HEALTHCARE APPLICATION

Retiree's Name: _____ SSN: _____

Spouse's Name: _____ SSN: _____

Address: _____
Street

City _____ State _____ Zip _____

Phone Number: _____ I Have Retired Or Plan To Retire On: _____

Name of Last Employer: _____ Last Day Worked: _____

Retiree Birth Date: _____ Spouse Birth Date: _____

Eligible For Medicare Yes No Eligible For Medicare Yes No

****If eligible for Medicare, please include a copy of Medicare card****

PLEASE LIST ALL DEPENDENTS (INCLUDING SPOUSE) THAT WILL BE CONTINUING ON THE RETIREE PLAN:

1. _____
2. _____
3. _____
4. _____

I, _____, hereby apply to the Heat & Frost Insulators of Northern California Local 16 Trust Fund for participation in the Retiree Program.

I agree to notify the Administrator of the Fund in writing whenever I return to work in the industry.

I also agree that my participation is to be governed in all respects by the provision of the Fund, or as the same may hereafter be amended, and the making of any monthly payment by me in the amount and manner as established by the Fund.

Date

Signature of Applicant

EMPLOYMENT HISTORY

Please list all employment in the Heat & Frost Insulators Industry
in the last **6** years immediately preceding your retirement:

<u>EMPLOYER</u>	<u>DATE HIRED</u>	<u>DATE TERMINATED</u>	<u>LOCAL UNION #</u>
TRUST FUND USE ONLY DATE VERIFIED ABOVE HISTORY: _____			

Are you receiving benefits under the Western States Pension Plan?

NO YES If YES, Give Date of Approval: _____

PLEASE NOTE: YOU AND YOUR SPOUSE MUST ENROLL IN MEDICARE PART A AND PART B IN ORDER TO BE COVERED UNDER THIS PLAN ONCE YOU BECOME ELIGIBLE FOR MEDICARE.

Date

Signature of Applicant