

Iron Workers St. Louis District Council Trust Funds

P.O. Box 1096 • Maryland Heights, MO 63043 • Phone 314.656.1091 • Toll Free 877.597.8704 • Fax 314.739.1105

ELECTION FORM

RETIREE HEALTH & WELFARE

If you are eligible for Health & Welfare coverage at the time your retiree, you are eligible to continue this coverage throughout the term of your Retirement.

Your present ACTIVE Participant coverage terminates as of _____.

Participants Name: _____

Social Security Number: _____

Participants Date of Birth: _____

☐ I would like coverage under the Retired Members' Plan. If "yes" please complete the form in its entirety.

☐ I would not like coverage under the Retired Members' Plan. If "No" please sign and date the back of the form.

☐ I am not on Medicare

☐ I am on Medicare - Medicare Effective Date: _____

Spouse's Name: _____

Spouse's Date of Birth: _____

☐ My spouse is not on Medicare

☐ My spouse is on Medicare – Medicare Effective Date: _____

PLEASE NOTE: IF SPOUSE HAS COVERAGE IT WILL BE PRIMARY.

PLEASE LIST ANY DEPENDENT CHILDREN LESS THAN 26 YEARS OF AGE AND THEIR BIRTH DATE BELOW.

Dependent's Name: _____

Dependent's Date of Birth: _____

☐ I elect coverage under Retiree Age 55-57 (Medical, Prescription, Vision and Life).

- | | |
|---|----------------------|
| <input type="checkbox"/> Retiree Only Age 55-57 | \$642.00 per month |
| <input type="checkbox"/> Retiree and Spouse Age 55-57 | \$1,076.00 per month |
| <input type="checkbox"/> Retiree and Child(ren) Age 55-57 | \$927.00 per month |
| <input type="checkbox"/> Family Age 55-57 | \$1,351.00 per month |

☐ I elect coverage under Retiree Age 58-59 (Medical, Prescription, Vision and Life).

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|---|----------------------|
| <input type="checkbox"/> Retiree Only Age 58-59 | \$581.00 per month |
| <input type="checkbox"/> Retiree and Spouse Age 58-59 | \$969.00 per month |
| <input type="checkbox"/> Retiree and Child(ren) Age 58-59 | \$876.00 per month |
| <input type="checkbox"/> Family Age 58-59 | \$1,243.00 per month |

☐ I elect coverage under Retiree Age 60-61 (Medical, Prescription, Vision and Life).

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|---|----------------------|
| <input type="checkbox"/> Retiree Only Age 60-61 | \$529.00 per month |
| <input type="checkbox"/> Retiree and Spouse Age 60-61 | \$877.00 per month |
| <input type="checkbox"/> Retiree and Child(ren) Age 60-61 | \$830.00 per month |
| <input type="checkbox"/> Family Age 60-61 | \$1,152.00 per month |

☐ I elect coverage under Retiree Age 62-64 (Medical, Prescription, Vision and Life).

- | | |
|---|--------------------|
| <input type="checkbox"/> Retiree Only Age 62-64 | \$329.00 per month |
| <input type="checkbox"/> Retiree and Spouse Age 62-64 | \$452.00 per month |
| <input type="checkbox"/> Retiree and Child(ren) Age 62-64 | \$649.00 per month |
| <input type="checkbox"/> Family Age 62-64 | \$757.00 per month |

☐ I elect coverage under Retiree Age 65+ (Medical, Prescription, Vision and Life).

- | | |
|---|--------------------|
| <input type="checkbox"/> Retiree Only Age 65+ | \$300.00 per month |
| <input type="checkbox"/> Retiree and Spouse Age 65+ | \$412.00 per month |
| <input type="checkbox"/> Retiree and Child(ren) Age 65+ | \$592.00 per month |
| <input type="checkbox"/> Family Age 65+ | \$690.00 per month |

Signature of Participant

Date

Note: If the member is on Medicare regardless of his age he is in the 65+ category.

Participants and Spouses are required to have both Medicare part A and B.