

Iron Workers St. Louis District Council Trust Funds

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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	\$585.00 per month
<input type="checkbox"/> Retiree and Spouse Age 55-57	\$981.00 per month
<input type="checkbox"/> Retiree and Child(ren) Age 55-57	\$845.00 per month
<input type="checkbox"/> Family Age 55-57	\$1,231.00 per month

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

<input type="checkbox"/> Retiree Only Age 58-59	\$468.00 per month
<input type="checkbox"/> Retiree and Spouse Age 58-59	\$781.00 per month
<input type="checkbox"/> Retiree and Child(ren) Age 58-59	\$706.00 per month
<input type="checkbox"/> Family Age 58-59	\$1,002.00 per month

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

<input type="checkbox"/> Retiree Only Age 60-61	\$410.00 per month
<input type="checkbox"/> Retiree and Spouse Age 60-61	\$679.00 per month
<input type="checkbox"/> Retiree and Child(ren) Age 60-61	\$642.00 per month
<input type="checkbox"/> Family Age 60-61	\$892.00 per month

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

<input type="checkbox"/> Retiree Only Age 62-64	\$300.00 per month
<input type="checkbox"/> Retiree and Spouse Age 62-64	\$412.00 per month
<input type="checkbox"/> Retiree and Child(ren) Age 62-64	\$592.00 per month
<input type="checkbox"/> Family Age 62-64	\$690.00 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/Dependents that are eligible for Medicare are required to have both Medicare part A and B.