

# 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           | \$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.