

Roofers Local 149 Joint Funds

Security Benefit Trust Fund - Pension Fund - Vacation-Holiday Fund

30700 Telegraph Road, Suite 4601 Bingham Center / P.O. Box 3039
Birmingham, Michigan 48012-3039
(248) 645-6411

February 20, 2004



Dear Retired and Surviving Spouse Participant:

The Board of Trustees of the Roofers Local 149 Security Benefit Trust Fund have performed an analysis of the benefit costs, which have continued to rise, and in an effort to maintain the same standard of benefits it was determined that the self-payment rates for all Classifications of Retired and Surviving Spouse Participants **must be increased \$100.00 per month effective June 1, 2004. Furthermore, it has been determined that Retirees eligible under the Class P-1 eligibility rules will now be required to make a monthly self-payment for coverage in the amount of \$100.00 per month effective June 1, 2004. The new self-payment rates effective June 1, 2004 are as follows:**

RETIRED EMPLOYEE (P-1)

Single Over 65	\$100.00
Retiree and Spouse Over 65	\$100.00
Single Under 65	\$100.00
Retiree and Spouse Under 65 with Dependents	\$100.00
Retiree Over 65 with Spouse Under 65 / OR Spouse Over 65 with Retiree Under 65	\$100.00

RETIRED EMPLOYEE (P-2)

Single Over 65	\$187.50
Retiree and Spouse Over 65	\$275.00
Single Under 65	\$287.50
Retiree and Spouse Under 65 with Dependents	\$475.00
Retiree Over 65 with Spouse Under 65 / OR Spouse Over 65 with Retiree Under 65	\$375.00

BENEFICIARY/SURVIVING SPOUSE

Survivor Under 65	\$287.50
Survivor Over 65	\$187.50
Survivor Under 65 with Dependents	\$387.50

You are hereby notified that the monthly self-payment for participation in the Plan for all Classifications of Retired and Surviving Spouse Participants will be increased to the rates outlined above **effective June 1, 2004**. Your self-payment rate will change if you have a change in any of the Classifications listed above and you must keep the Fund Office informed of any changes in your status. Regrettably, this action becomes necessary due to increased medical and prescription costs and the wish to preserve the integrity of the plan for **all** Participants.

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Please note that continued coverage is only available if you choose to assign a portion of your monthly pension benefit to cover the self-payment amount. In other words, based upon your authorization, a portion of your monthly pension benefit from the Roofers Local 149 Pension Trust Fund will be automatically deducted and forwarded to the Roofers Local 149 Security Benefit Trust Fund. This Assignment is voluntary and may be revoked by you at anytime in writing; however, you will lose coverage under the Roofers Local 149 Security Benefit Trust Fund as of June 1, 2004, if you choose not to make this Assignment.

Enclosed you will find an Assignment that must be completed and returned to the Fund Office in the enclosed self-addressed return envelope. **THE FUND OFFICE MUST RECEIVE THE COMPLETED ASSIGNMENT FORM PRIOR TO MAY 15, 2004 IN ORDER TO AVOID ANY TERMINATION OF COVERAGE.**

PLEASE NOTE, THAT ONCE YOUR COVERAGE IS TERMINATED, IT CANNOT BE REINSTATED; THEREFORE, WE RECOMMEND THAT YOU COMPLETE AND MAIL THIS ASSIGNMENT IMMEDIATELY.

Should you have any question regarding the information provided or the provisions of the Plan, please do not hesitate to contact the Fund Office.

Respectfully Submitted,

**BOARD OF TRUSTEES
ROOFERS LOCAL 149
SECURITY BENEFIT TRUST FUND**

Enclosures

/pjj

ROOFERS LOCAL 149 SECURITY BENEFIT TRUST FUND
30700 TELEGRAPH RD SUITE 4601
BINGHAM FARMS MI 48025
(248) 645-6411

ASSIGNMENT

I voluntarily assign a portion of my monthly benefit from the Roofers Local 149 Pension Trust Fund to the Roofers Local 149 Security Benefit Trust Fund. The amount of this assignment is to be equal to the self-payment necessary to maintain coverage for myself (and dependents, if applicable) in the Security Benefit Trust Fund, as established by the Trustees of the Roofers Local 149 Security Benefit Trust Fund from time to time. This authorization and reduction is for my convenience in remitting my monthly insurance self-payments.

I acknowledge and understand that this assignment is voluntary and may be revoked by myself at any time.

Signature:

Name (please print):

Social Security Number:

Phone Number:

Dated:

If you have Eligible Dependents covered under the Roofers Local 149 Security Benefit Trust Fund (for example, a Spouse or Child(ren), please list the Name, Birthdate and Social Security Number of each Eligible Dependent below:

Dependent Name Dependent Birthdate Soc. Sec. No.

Dependent Name Dependent Birthdate Soc. Sec. No.

Dependent Name Dependent Birthdate Soc. Sec. No.

Return this assignment when completed using the enclosed self-addressed envelope to Roofers Local 149 Security Benefit Trust Fund, P.O. Box 3039, Birmingham, MI 48012-3039. If you have any questions, please contact the Fund Office at (248) 645-6411 or Toll Free (888) 868-6411.