



PLUMBERS & STEAMFITTERS LOCAL 166 BENEFIT FUNDS

P.O. BOX 99485
TROY, MICHIGAN 48099-9485
(248) 641-4966 or Toll Free (855) 641-4966

RETIREE PROGRAM APPLICATION

Retiree's Name: _____ SSN: _____

Spouse's Name: _____ SSN: _____

Date of Marriage: _____

Address: _____
Street City State Zip

Retiree Birth Date: _____ Spouse Birth Date: _____

I belong to Local Union No. _____ located in _____.

I have retired or plan to retire on _____, 20_____.

I am entitled to receive pension benefits from the following program:
_____.

MEDICARE STATUS:

Please indicate if you, or your spouse, are enrolled with Medicare:

RETIREE:

- Yes, I am currently covered with Medicare
Medicare #: _____
Effective date of Medicare part A and B: _____
- No, I am NOT currently covered with Medicare

SPOUSE:

- Yes, I am currently covered with Medicare
Medicare #: _____
Effective date of Medicare part A and B: _____
- No, I am NOT currently covered with Medicare

I, _____, hereby apply to the Plumbers & Steamfitters Local 166 Benefit Funds 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

www.ualocal166benefits.org