Asbestos Workers Local 24 Medical Fund
Asbestos Workers Local 24 Pension Fund
7130 Columbia Gateway Drive, Suite A
Columbia, MD 21046
(410) 872-9500
(410) 872-1275 Fax

RETIREE MEDICAL AND DEATH BENEFIT APPLICATION

Name _____ Date of Birth _____

Address _____ Soc.Sec.No. _____

_____ Local Union No. 24

_____

I hereby certify that I retired on _____ and that I was eligible for benefits from the Medical Fund on the date I retired.

I further certify to one of the following, as checked:

☐ (a) I am entitled to receive a pension (other than a deferred pension) from the Asbestos Workers Local 24 Defined Benefit Pension Fund.

☐ (b) I am totally and permanently disabled and am entitled to receive a Social Security Disability Benefit (Please submit a copy of Social Security Administration award letter with application).

As a qualified retired participant, I understand that I am provided with a $5,500 Death Benefit.

Signed _____

Date _____

☐ Check here if you elect Retiree Medical Coverage and ***complete the back of this form.***

☐ Check here if you elect only the Death Benefit and do not want to participate in the Retiree Medical Plan.

Retiree Medical Benefit Election

☐ I want to participate in the Retiree Medical Plan and elect coverage as indicated below:

Covered Person(s) *(Check All That Apply)*	**Date of Birth**	**Social Security Number**	**Eligible for Medicare?***	**Quarterly Premium**
☐ Myself	_____	_____	_____	_____
☐ Spouse	_____	_____	_____	_____
☐ Dependent Child	_____	_____	_____	_____
☐ Dependent Child	_____	_____	_____	_____

Date _____ Retiree's Signature _____

If eligible for Medicare, please send a copy of Medicare card. If you or your spouse are eligible for Medicare, claims will be coordinated with Medicare Parts A and B. This means that the Fund's payment will be made as if you have both Medicare Parts A and B benefits and Medicare has paid first, whether you have signed up for these benefits or not. If you or your covered spouse become eligible for Medicare in the future, you must notify the Fund Office immediately and send a copy of your Medicare Card.

Coverage will terminate upon your death or failure to make timely payment, whichever occurs first. Coverage for a spouse and/or child(ren) will terminate at the end of the Benefit Quarter in which your death occurs and for which payment has been made, unless your spouse wishes to continue coverage by paying the applicable premium as determined by the Trustees, then such coverage would terminate at the earlier of remarriage or failure to pay premiums timely.

Verified By: _____

Pension Type: _____

Award Date: _____

ATTACH APPROVED TRANSMITTAL REPORT

_____ _____
Union Trustee Date

_____ _____
Employer Trustee Date

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AUTOMATIC DEDUCTION FROM MONTHLY PENSION BENEFIT
PAID BY THE ASBESTOS WORKERS LOCAL 24 PENSION FUND

If your application for medical benefits from the Asbestos Workers Local Union No. 24 Medical Fund is approved, you may enter into the following authorization directing the Trustees of the Asbestos Workers Local 24 Pension Fund to withhold from your monthly pension check a sum equal to the amount representing one-third of the quarterly payment due the Medical Fund.

I hereby authorize the Trustees of the Asbestos Workers Local 24 Pension Fund to withhold an amount from my monthly pension benefit payment equal to the monthly amount due the Trustees of the Asbestos Workers Local Union No. 24 Medical Fund for retiree participation in the Medical Fund and to pay over such withheld amount to the Trustees of the Medical Fund. This authorization is entirely voluntary on my part and may be revoked at any time at my sole discretion.

Signed _____

Print Name _____

Date _____

Social Security Number _____

Medicare – Employee _____ Yes _____ No

Spouse _____ Yes _____ No

If you elect the automatic deduction, enclose your check for the first quarterly payment. The deduction will commence with the first month of the next benefit period, provided your pension benefit is already in effect. Otherwise, another quarterly cash payment may be due.