



HARRISON TRUST
A FAMILY HEALTH PLAN
WWW.HARRISONBENEFITS.ORG

EARLY RETIREE PLAN APPLICATION

Return to: PMB#116
5331 S Macadam Ave Suite 258
Portland, OR 97239
In Portland: 224-0048
Toll Free: 1-800-547-4457

Each employee who seeks coverage under the Early Retiree Plan must complete ALL the information requested below. If any item is not applicable, write "N/A". If more space is needed, attach an additional sheet of paper.

Full Name (Please Print)

Social Security Number

Permanent Address

Date of Birth

Permanent Address

() _____
Telephone Number

Local Union: _____

1. Please indicate the last date you will work in the electrical industry: _____

2. Have you applied for social security benefits? Yes _____ No _____

If your answer is yes, attach a copy of your application form.

3. Have you applied for, or are you receiving a pension from a pension plan sponsored by a local union affiliated with the IBEW? Yes _____ No _____

If your answer is yes, give the name of the pension plan. (i.e., Edison Pension, Cornell Pension, Cascade Pension) _____

4. Have health insurance contributions been made on your behalf to the Harrison Trust by an employer at any time after January 1, 1992? Yes _____ No _____

5. Give the name of your most recent employer in the electrical industry: _____

6. List the month and year you want to begin enrollment in the Early Retiree Plan:
