



**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 Coverage Suspension Election

Retiree's Name _____ SSN _____

Effective Date Asbestos Workers Local 24 Retiree Medical Fund Retiree Coverage: _____

I wish to suspend Asbestos Workers Local 24 Retiree Medical Coverage for:

Myself My Spouse Dependent

Effective Date of Suspension _____

**Suspension effective date must be at the beginning of an Eligibility Quarter
March 1, June 1, September 1, or December 1**

I understand that to qualify for reinstatement of suspended Retiree Medical Coverage in the future, I must:

- ◆ Submit written request for reinstatement to the Fund Office prior to termination of the coverage.
- ◆ Provide evidence that the individual(s) to be reinstated (myself, and/or my spouse, and/or my dependent) have maintained continuous coverage under a Health plan for the entire period of the suspension. The evidence can be copies of enrollment forms or identification cards showing the coverage dates or other correspondence from the Health plan verifying the dates of coverage.
- ◆ **The reinstate effective date must be the beginning of an Eligibility Quarter -
March 1, June 1, September 1, or December 1**

I understand that no benefits will be paid by the Asbestos Workers Local 24 Medical Fund for medical service received during the suspension period.

Signed _____ Date _____

Fund Office Use Only	
Reviewed by: _____	<input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted
Comments: _____	
Confirmation copy mailed to Retiree: _____	Date _____