Northern California Plasterers Trust Funds

Health and Welfare Trust Fund, Pension Plan, and Plasterers Supplemental Pension Trust
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Retiree Election Form

OFFICE USE ONLY
DATE PROCESSED: _____
PROCESSOR: _____

☐ RETIREE ☐ SURVIVING SPOUSE

LAST NAME	FIRST NAME	MI	DATE OF BIRTH / /
ADDRESS & CITY	STATE	ZIP	SEX	SOCIAL SECURITY #: - -
EMAIL ADDRESS	TELEPHONE #: ( )	KIDNEY TRANSPLANT OR/ DIALYSIS ☐ ☐	RECEIVING MEDICARE ☐ PART A ☐ PART B

The only benefits which shall be provided to retirees or their eligible dependents under this Plan, except under COBRA, are the medical benefits provided by the Plan's health maintenance organizations (HMOs), medical benefits provided by the Plan's preferred provider organizations (PPOs), the reduced life insurance provided under the Plan, and the hearing aid benefit provided by the Plan. Effective January 1, 1995, a Medicare-eligible retiree or his/her dependents may elect to receive benefits through the Medicare-risk program of the HMO in which he/she is enrolled.

I ELECT THE FOLLOWING RETIREE STATUS: (Choose one)

- ☐ Retiree Without Medicare
- ☐ Retiree With Medicare
- ☐ Kaiser Senior Advantage Plan for those who are eligible for Medicare

I ELECT TO PARTICIPATE IN THE FOLLOWING RETIREE HEALTH PLAN: (Choose one)

- ☐ Kaiser HMO
- ☐ Blue Shield HMO
- ☐ Blue Shield PPO (Only available to members who live outside the HMO service areas)

I ELECT THE FOLLOWING PAYMENT METHOD: (Choose one)

- ☐ I wish to have my monthly contribution deducted from my pension check.
- ☐ I wish to make self-payments for the monthly contribution due. I understand that payment must be made to the Trust Fund Office prior to the month in which payment is due. Failure to make the required self-payments will cause cancellation of the selected health plan coverage without the possibility of reinstatement.

DEPENDENT DATA

FULL NAME	RELATION	SEX	DATE OF BIRTH	SOCIAL SECURITY#	RECEIVING MEDICARE PART A OR B	KIDNEY TRANSPLANT OR DIALYSIS
SPOUSE OR DOMESTIC PARTNER:						
DEPENDENT:						
DEPENDENT:						
DEPENDENT:						

Revised 2018 – Please destroy all earlier versions

You Must Enroll in Medicare Part A and Part B: (Check One)

☐ I am eligible for Medicare ☐ I am **not** eligible for Medicare

Retirees are eligible for Medical Plan benefits (including Prescription Drugs and Mental Health/Substance Abuse). ***Once you or your Spouse or Domestic Partner become eligible for Medicare due to age, disability or renal disease, you MUST enroll in both Parts A and B of Medicare.*** *If you are in an HMO, you must assign those benefits to the HMO.* ***If you are in the PPO Plan, medical benefits for you or your Spouse (or Domestic Partner) will be paid as if you are enrolled in Medicare (whether you are or not) and Medicare has paid benefits first.***