



SHEET METAL WORKERS' International Association • Local Union No. 73

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Eff 9/15/2008



Welfare and Pension Funds

Election and Deduction Form for Retiree Coverage

Part I. Retiree/Spouse Information

Retiree Name: Date of Retirement: Retiree SS#: Retiree DOB: Spouse's Name (if applicable): Spouse's SS#:

Part II. (To Be Completed by Fund Office) Retiree Age and Years of Service Information

Retiree Age at Date of Retirement: Yrs. Retiree Years of Service (Full Pension Credits) at Date of Retirement: Pension Credits

Part III. Election for Coverage and Method of Payment

A. Election for Coverage (Please place an "X" in the appropriate box)

- I decline to participate in the Sheet Metal Workers' Local 73 Welfare Plan. I elect to participate in the Sheet Metal Workers' Local 73 Welfare Plan (Choose 1 of the following) Monthly Premium for Retiree Coverage Only: Monthly Premium for Retiree and Spouse Coverage: Monthly Premium for Surviving Spouse Coverage: (Premium Amount based on Surviving Spouse's Age and Retiree's Years of Service)

Note: The month you receive your first pension check is the month you begin paying for retiree healthcare coverage.

If coverage includes Non-Medicare Eligible Dependent Child(ren) please "X" below

Additional Premium for Single Coverage for Non-Medicare Eligible Dependent Child(ren) is \$ per month.

B. Method of Payment (Please place an "X" in the appropriate box)

- I elect to have my self-payment for retiree and/or dependent medical benefits deducted from my Local 73 pension check each month or from the amount of my Local 73 pension check that is directly deposited into my bank account each month. I elect to be billed monthly by the Fund Office for retiree and/or dependent medical benefits.

Part IV. Acknowledgement and Signature

I understand that if I decline to enroll at this time in the Sheet Metal Workers' Local 73 Welfare Plan that I MAY NOT be eligible to reapply in the future unless I qualify under the Plan's deferment of coverage rules. I also understand that participation in the Welfare Fund's retiree medical benefits is voluntary. Furthermore, I understand that, as a surviving spouse, if I elect coverage under the Retiree Medical Plan, that I am waiving the right to elect COBRA continuation coverage, except that if I remarry within 36 months of my spouse's death, I may elect to complete the remaining balance of the 36 month COBRA period that began at the date of my spouse's death at the COBRA continuation coverage premium rate.

Please sign, date and return this form to the Fund Office as soon as possible.

Retiree Signature: Date:

Spouse's Signature: Date:

Note: Welfare coverage for retirees, surviving spouses and dependents is only available for those individuals who meet the Welfare Fund's eligibility rules for coverage. If you are not eligible for retiree medical benefits offered by Sheet Metal Workers' Local 73 Welfare Fund, please disregard this form.

**Monthly Self Payment Rates**  
**Effective March 1, 2009**

**Single Coverage**

<b>Years of Service</b>	<b>Age Less Than 60 Years</b>	<b>Age 60 – 61 Years</b>	<b>Age 62 – 64 Years</b>	<b>Age 65 With Subsidy</b>	<b>Age 65 Without Subsidy</b>
35 +	\$272.00	\$248.00	\$165.00	\$132.00	\$192.00
34	\$285.00	\$261.00	\$178.00	\$135.00	\$195.00
33	\$298.00	\$274.00	\$191.00	\$138.00	\$198.00
32	\$311.00	\$287.00	\$204.00	\$141.00	\$201.00
31	\$324.00	\$300.00	\$217.00	\$144.00	\$204.00
30	\$337.00	\$313.00	\$230.00	\$147.00	\$207.00
29	\$350.00	\$326.00	\$243.00	\$150.00	\$210.00
28	\$363.00	\$339.00	\$256.00	\$153.00	\$213.00
27	\$376.00	\$352.00	\$269.00	\$156.00	\$216.00
26	\$389.00	\$365.00	\$282.00	\$159.00	\$219.00
25	\$402.00	\$378.00	\$295.00	\$162.00	\$222.00
24	\$415.00	\$391.00	\$308.00	\$165.00	\$225.00
23	\$428.00	\$404.00	\$321.00	\$168.00	\$228.00
22	\$441.00	\$417.00	\$334.00	\$171.00	\$231.00
21	\$454.00	\$430.00	\$347.00	\$174.00	\$234.00
20	\$467.00	\$443.00	\$360.00	\$177.00	\$237.00
19	\$480.00	\$456.00	\$373.00	\$180.00	\$240.00
18	\$493.00	\$469.00	\$386.00	\$183.00	\$243.00
17	\$506.00	\$482.00	\$399.00	\$186.00	\$246.00
16	\$519.00	\$495.00	\$412.00	\$189.00	\$249.00
15	\$532.00	\$508.00	\$425.00	\$192.00	\$252.00
14	\$545.00	\$521.00	\$438.00	\$195.00	\$255.00
13	\$558.00	\$534.00	\$451.00	\$198.00	\$258.00
12	\$571.00	\$547.00	\$464.00	\$201.00	\$261.00
11	\$584.00	\$560.00	\$477.00	\$204.00	\$264.00
10	\$597.00	\$573.00	\$490.00	\$207.00	\$267.00

**Notes:**

- Family rates are 2 times the above rates if you and your spouse are both under age 65, or if you and your spouse are both over age 65.
- Age categories are based on the Retiree's age as of the Retirement Date.
- The monthly rate for you and your spouse where 1 individual is over 65 (Medicare) and 1 is under 65 (Non-Medicare) is \$407.00 per month.
- The monthly self-payment rates decrease as you age and will be based on your age as of March 1<sup>st</sup> of the Calendar Year. For example, if you retired at age 55, your rate will decrease on March 1<sup>st</sup> following the Calendar Year in which you turn age 60, again on March 1<sup>st</sup> following the Calendar Year in which you reach age 62, and finally when you reach age 65.
- Future rates will be based on plan costs.