

Five Rivers Carpenters District Council Health and Welfare Fund

Affidavit of Retirement Form

Important Information

As a beneficiary of the Five Rivers Carpenters District Council Health and Welfare Fund, you may be eligible for healthcare coverage after retirement. Consult your Benefits Booklet for more information about retiree coverage. You are not eligible for retiree coverage until you formally retire by completing this form in full or by providing a copy of your retirement letter from the Carpenters Pension Fund. **You must submit either this form, or the letter from the Carpenters Pension Fund confirming your retirement, to the Fund Office (Eastern Iowa Fringe Benefit Funds, Inc.) at 1831 16th Avenue SW Cedar Rapids, Iowa 52404.**

Once the Fund Office receives notification of your retirement, you will be sent a Retiree Election Form, if you qualify for the Retiree Plan as outlined in the Benefits Booklet.

The Retiree Election form must be returned to the Fund Office within 60 days so your account can be set up correctly.

**Five Rivers Carpenters District Council Health and Welfare Fund -
Affidavit of Retirement**

Your Full Name: _____

Your Address: _____

Telephone Number: _____

Email Address: _____

Current Employer: _____

Social Security #: _____

Retirement Date: _____

(Date may not be earlier than the date you sign this form.)

I, _____, being first duly sworn on oath, state the following:

1. I have read, understood, and accepted the current Benefits Booklet and its rules and regulations on retiree eligibility and post-retirement employment.
2. I acknowledge that post-retirement employment may cause a loss of retiree eligibility and any HRA balance.
3. If I change my mind before my retirement date, I will immediately notify the Fund Office and rescind this form in writing (I understand that I cannot rescind this form on or after my retirement date).
4. I acknowledge that being treated as a retiree by the Fund confers monetary benefits that would not otherwise be available, and that the Fund may hold me liable for expenses it incurs as a result of any negligent or intentional misrepresentation or omission I make to the Fund.

I further state that all of the statements and allegations contained herein are true and correct as I verily believe.

Signature

Date

Subscribed and sworn to before me by the aforesaid _____
on this _____ day of _____, 20_____.

Notary Public, State of _____

Fund Office Use Only _____
Date Received

Recipient Initials