

WISCONSIN ELECTRICAL EMPLOYEES HEALTH AND WELFARE PLAN

2730 DAIRY DRIVE SUITE 101

MADISON WI 53718

(608) 276-9111 OR (800) 422-2128

RETIREMENT NOTIFICATION

I, _____ (print name clearly), do hereby notify the Wisconsin Electrical Employees Health and Welfare Plan (the Fund) that I am at least 55 years of age, am no longer working in the industry and wish to start my reduced retiree insurance coverage, at the lesser premium rate, effective _____ (date insurance change effective)

I understand that the following will apply):

1. My premium rate for the health and welfare benefit will be reduced the month following receipt of my written notice to the Fund Office. (i.e. written request received in July benefit change and premium reduction would be effective August 1st).
2. I understand that as a Retiree, my eligible dependents and I, will only have the medical and prescription drug benefit coverage with the life benefit coverage only available on myself, the Participant.
3. I cannot change my retirement status back to Active status **UNLESS** I return to work for a Contributing Contractor whom is submitting H&W contributions to the Fund on my behalf. (YOU MUST NOTIFY THE FUND ASAP IF RETURNING TO WORK)
4. I will NOT receive a monthly Retiree premium payment due notice (unless you are running out your dollar bank or flex account), however, I am aware that I can sign up for automatic deductions from my checking or savings account.
5. When Medicare becomes eligible, on me or my dependents, I will send in a copy of the Medicare Card to the Fund Office.

WEEBF Identification Card #: _____

Signature

Date

Please Note: If you have a large dollar bank account balance you may continue to draw full Active benefits at the full Active premium rate as long as you do NOT retiree under the Health and Welfare Plan. You may continue as an Active Participant even if you are collecting Retiree Pension Benefits or even if you are eligible for Medicare. If you continue to draw as an Active Participant then the Health and Welfare insurance plan would be the primary carrier over Medicare. When you notify the Fund that you wish to retire at the lesser premium rate (and benefits) then Medicare would become your primary insurance carrier (if Medicare eligible). Please contact the Fund Office directly to go over your eligibility and benefit options before your dollar bank has been depleted or if you have any questions regarding the above.