

IBEW-NECA
SOUTHWESTERN HEALTH AND BENEFIT FUND

P O Box 819015
Dallas, TX 75381-9015

Phone (972) 980-1123
FAX (972) 341-8097
Toll Free (800) 527-0320

Application for Retiree Health Coverage

PLEASE COMPLETE ALL OF THE REQUESTED INFORMATION ON BOTH PAGES OF THIS
APPLICATION AND RETURN TO THE ADDRESS LISTED ABOVE:

Member Information:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

SS#: _____ Date of Birth: _____

Spouse Name: _____

Spouse's SS#: _____ Date of Birth: _____

Names of Dependent Children

Name: _____ SS#: _____ Date of Birth: _____

All under age dependent children should be listed; please note this will change your rate, see rate schedule attached. Please be advised you that the option to unenroll your adult children currently enrolled. Please request a unenrollment form regarding this option.

Eligible Information:

Date of termination of eligibility in IBEW-NECA SWHB Fund: _____

Number of Consecutive Years of Eligibility in IBEW-NECA: _____

Number of Consecutive years of Eligibility of "Prior Fund": _____

Name of "Prior Fund": _____

Using the following definition from the plan, what is your retirement date: _____

The term "Retiree Employee" means any person who is eligible for benefits under the IBEW-NECA Southwestern Health and Benefit Fund, or under this Fund and a Prior Fund before it was merged with this Fund, for 48 of the 60 months immediately prior to retirement and was eligible under the IBEW-NECA Southwestern Health and Benefit Fund at the time of his/her retirement.

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An individual will be deemed to be retired if he/she:

- a. Retires on or after age 65 and is receiving benefits under the National Electrical Benefit Fund or the Social Security Old Age Survivors and Disability Insurance coverage; or**
- b. Is age 55 but less than age 65 when he/she retires; has retires on or after September 1, 1980 or retired prior to September 1, 1980 but his/her eligibility under the IBEW-NECA Southwestern Health and Benefit Fund terminated on or after September 1, 1980 in accordance with the Eligibility Rules; and is not engaged in or seeking any gainful employment in the electrical industry or any other employment with wages in excess of the annual amount allowable by the Social Security Old Age Survivors and Disability Insurance Coverage for full benefits thereunder.**

Are you eligible for NEBF? YES _____ NO _____ Retirement Date: _____

Are you eligible for social Security? YES _____ NO _____ Retirement Date: _____

Please attach a copy of your award letter from the NEBF or Local Pension Fund or Social Security Retirement Administrators.

Medicare Information

Are you entitled to Medicare? YES _____ NO _____

If yes, what is your effective date: _____

Is your spouse entitled to Medicare? YES _____ NO _____

If yes, what is your spouse effective date: _____

Please provide a copy of your Medicare Card(s).

I hereby agree to abide by the rules set forth by trustees of the fund to make payments no later than the 15th of the month for which it is intended, and certify the above information is true and correct.

Signature of Retiree/Applicant

Date

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BUSINESS MANAGER COMPLETES

I hereby certify the applicant listed is eligible for National Electrical Benefit Pension Fund, and/or IBEW Pension Fund, or has contributed as a Non-Bargaining Participant. I hereby certify that applicant listed above is in good standing with the IBEW Local Union.

Business Manager

Date

ADMINISTRATORS COMPLETES

Age of applicant continuously eligible for 48 for 60 months: Yes _____ No _____

Date of eligibility terminated: _____

Medicare effective date of member: _____

Medicare effective date of spouse: _____

Payment Received: Yes _____ No _____ Date received: _____