

SHEET METAL WORKERS' NATIONAL PENSION FUND

REQUEST FOR SUBSIDY PAYMENT

You should understand that Retiree health benefits are not protected pension benefits, therefore this \$31 subsidy can be discontinued at any time.

I hereby designate the provider listed below as my Medicare supplemental insurance provider to receive a monthly payment of \$31.00 (individual) or \$62.00 (pensioner and spouse) on my (our) behalf, to be credited toward my (our) total monthly premium charged for my (our) Medicare supplemental insurance coverage:

Name of Provider: Sheet Metal Workers' Trust Funds of So. CA, AZ, & NV

Contact: Patty A. Frank

Phone # 1-(800)-947-4338

Address: P. O. Box 10067 Manhattan Beach, CA 90266-8567

Coverage for (circle one): Self Spouse Both Total Monthly Premium Amount \$ _____

Effective date of Coverage: _____

GENERAL INFORMATION

Pensioner's Name _____ Social Security # _____

Date of Birth _____ Local # _____ Phone No: () _____

Home Address _____

Spouse's Name (if covered) _____ Social Security # _____

Date of Birth _____

Have you been a member in good standing of the Union from the *later of* your effective date of retirement or January 1, 2002? YES NO

Do you have medical coverage with another company other than the one listed above? YES NO

If so, please provide name of insurance company: _____

Signature

Date

YOU MUST ENCLOSE WITH THIS APPLICATION:

- A copy of Enrollee's Medicare card(s) verifying both Part A and Part B coverage;
- A copy of Retiree's most current Union dues receipt;
- A copy of Enrollee's most recent National Pension Fund check stub or voucher;
- A copy of Enrollee's Medicare supplemental health insurance card.

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EXPLANATION – PLEASE READ CAREFULLY; **CALL THE NATIONAL PENSION FUND IF YOU HAVE QUESTIONS**

ELIGIBILITY

To be eligible for the \$31 per person subsidy from the National Pension Fund you must meet and continue to meet the following conditions:

- You *must* be receiving a pension from the National Pension Fund;
- The Retiree's last employer in the Sheet Metal Industry has negotiated and *continues* to pay a Contribution Rate of at least .72¢ per hour (Plan A) or .36¢ per hour (Plan B);
- The Retiree *must* be a continuous dues paying member *the later of* his or her effective date of pension or January 1, 2002. If the subsidy recipient is a Beneficiary, the Retiree must have been a dues paying member at the time of his or her death;
- The Retiree *must* have worked a minimum of 435-hours in covered employment within the 24 months prior to his or her effective date of pension.
- Your insurance provider must complete a Provider's Certificate with the Fund that the coverage qualified as a Medicare supplemental policy as that term is defined in 42 U.S.C. § 1395 SS (g), and that all moneys paid to the provider will be used for "medical expenses", within the meaning of the Treasury Regulation § 1.401-14(b)(4)(ii).

DESIGNATION OF MEDICARE SUPPLEMENTAL COVERAGE PROVIDER

Effective January 1, 1999, the National Pension Fund will pay up to \$31 per month for you (and, if applicable, up to \$31 for your spouse) towards your Medicare supplemental insurance coverage. This amount will be paid towards the total monthly premium cost of that coverage, and must be made payable to the Medicare supplemental provider.

Effective January 1, 2002, the National Pension Fund will include managed care plans, health maintenance organizations (HMO's), preferred provider organizations (PPO's) or arrangements, and point of service plans as eligible to receive this subsidy payment. The amount of the monthly subsidy provided shall be the lesser of \$31 or the total monthly premium charged by the Eligible Provider for Medicare supplemental coverage.

It will be your responsibility to pay the balance of the monthly premium charged by your provider for Medicare supplemental coverage. The National Pension Fund will not make the \$31 payment for you (and, if applicable, the \$31 payment for your spouse) for any month in which *all* of the eligibility requirements continue to be met.

You can *change or revoke* your provider designation at any time by filing a new provider designation form with the National Pension Fund, at the address shown below. The change or revocation will be effective as soon as practicable following receipt.

Please send all correspondence to the Sheet Metal Workers' National Pension Fund; Edward F. Carlough Plaza; 601 N. Fairfax Street, Suite 500; Alexandria, VA 22314-2075; Attn: Pension Benefits. If you have any questions please call the Pension Fund, toll free, at 1-800-231-4622.