



**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS**
505 S BROADWAY, STE 117
WICHITA KS 67202-3922
Phone (316) 264-2339

ELECTING COVERAGE UNDER THE RETIREE BENEFIT PROGRAM OR COBRA

(To be Completed by Retirees and Spouses)

INSTRUCTIONS

Coverage under the Retiree Benefit Program is limited to eligible retirees and, if the retiree elects to participate in the Program, the retiree's spouse. Eligible retirees therefore must choose between the Retiree Benefit Program and coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"). If the eligible retiree elects coverage under the Retiree Benefit Program rather than COBRA, the retiree's spouse will have an independent right to choose between coverage under the Retiree Benefit Program or COBRA. (If the retiree chooses COBRA coverage or declines all coverage, the retiree's spouse may not elect coverage under the Retiree Benefit Program, but may elect COBRA coverage.)

Please choose between coverage under the Retiree Benefit Program or COBRA by marking the appropriate boxes below. Retirees and, if married, their spouses, must independently make their choices in the appropriate sections. After making your choice, please sign and date this Form (spouses of retirees also must sign and date the Form) and return it to the Fund office at the address shown above.

IMPORTANT!

If a retiree elects to participate in the Retiree Benefit Program now and then decides to return to covered employment in the future, the retiree must re-qualify for coverage as an active employee under the rules of the Plan and *will not be offered the opportunity to participate in the Retiree Benefit Program again*. Thus, the opportunity to participate in the Retiree Benefit Program is available only once.

If you do not pay your premiums in a timely manner or lose coverage under the Retiree Benefit Program for any other reason, *you will not be offered coverage under COBRA unless the retiree returns to covered employment and works the required number of hours to re-qualify for coverage as an active employee*.

RETIREE'S ELECTION (to be completed by retiree)

- Retiree Benefit Program/Retiree & Spouse.** I elect coverage for myself and my spouse in the Retiree Benefit Program described in the letter which accompanied this Form. Enclosed is my first premium payment in the amount of \$600 for coverage beginning _____.
- Retiree Benefit Program/Retiree Only.** I elect coverage for myself only in the Retiree Benefit Program described in the letter which accompanied this Form. Enclosed is my first premium payment in the amount of \$300 for coverage beginning_____.

NOTE: Subsequent payments for Retiree Benefit Program coverage are due by the 1st day of the month to be covered. For example, a payment for coverage during January must be received by the Fund Office by January 1.

- COBRA.** I wish to elect COBRA coverage from the Plan and will complete and return my completed COBRA election form to the above address. I may return to covered employment in the future, and therefore wish to preserve my opportunity to elect the Retiree Benefit Program at a later date. *(Please follow the instructions provided in your COBRA packet.)*
- No Coverage.** I am waiving my right to all coverage under the Plan. I understand that I will not have either Retiree Benefit Program coverage or COBRA coverage under the Plan as a result of this election.

Participant's Signature/Date

Participant's Name, Please Print

SPOUSE'S ELECTION (to be completed by spouse)

- Retiree Benefit Program/Retiree & Spouse.** I understand that my spouse has elected coverage in the Retiree Benefit Program. As a result:
- I elect to be covered under the Retiree Benefit Program, as well. I hereby waive my right to COBRA coverage under the Plan.
- I decline to be covered under the Retiree Benefit Program and elect COBRA coverage from the Plan instead. I will complete and return my COBRA election form to the above address. *(Please follow the instructions provided in your COBRA packet.)*
- I am waiving my right to all coverage under the Plan. I understand that I will not have either Retiree Benefit Program coverage or COBRA coverage under the Plan as a result of this election.

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