

**APPLICATION FOR COVERAGE AS A RETIREE  
IBEW LOCAL 332 HEALTH & WELFARE  
PRE-FUNDED RETIREE PLAN OF BENEFITS**

I hereby make application as a Retiree for the IBEW Local 332 Health & Welfare Pre-Funded Retiree Plan of Benefits. The following requirements must first be met at the time of retirement under the IBEW Local 332 Pension Plan.

Date of Retirement \_\_\_\_\_

You will be eligible for coverage under the Pre-Funded Early Retiree Plan if:	Yes	No
1) You have had 120 months of coverage in the last 180 months under the IBEW Local 332 Health and Welfare Plan as an active participant and were eligible under the Plan immediately prior to your retirement date; and,	( )	( )
2) You are between the ages of 57 and 65; and,	( )	( )
3) You have exhausted your Bank Reserve		
• Coverage months include coverage earned as a result of employer contributions, self-pay, or coverage earned as a result of reciprocal transfers of employer payments.	( )	( )
• If you have not used the full 60 months of coverage, but you reach age 65, your coverage under the Pre-Funded Early Retiree Plan will terminate. Coverage will also terminate for your spouse regardless of his or her age.		

ELIGIBLE RETIREE AND/OR SPOUSE WHO ARE UNDER AGE 65 AND WHO ARE NOT COVERED BY MEDICARE: a.) each must make a monthly payment to the Plan of b.) each have the option to enroll in Self Funded PPO Plan or Kaiser. *Please refer to pages 65 through 67 of your Benefit Plan Booklet for further information.*

Pre-Funded Plan Retirees are eligible for the Self-Funded Dental Plan, receive vision benefits through the VSP Plan, and are eligible for hearing care benefits through the Self-Funded Plan.

\_\_\_\_\_  
Retiree SS#

\_\_\_\_\_  
Retiree Name (Please Print)

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Retiree Signature

Return this application to:

Board of Trustees  
IBEW Local 332 Health & Welfare Trust Fund  
P.O. Box 5057  
San Jose, CA 95150-5057

APPLICATION APPROVED \_\_\_\_\_

APPLICATION DENIED \_\_\_\_\_

August 25, 2020