APPLICATION FOR COVERAGE AS A RETIREE
IBEW LOCAL 332 HEALTH & WELFARE
RETIREE PLAN OF BENEFITS

I hereby make application as a Retiree for the IBEW Local 332 Health & Welfare 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 Retiree Plan of Benefits if:	Yes	No
1) Must be age 62 or over at the time of retirement under the IBEW Local 332 Pension Plan. Date of Birth:_____	☐	☐
2) Must be receiving Social Security Benefits	☐	☐
3) Must have a minimum of 60 consecutive months of coverage under the Health & Welfare Plan in order to qualify for the Retiree Plan and must also be covered under the Health & Welfare Active Plan of benefits immediately prior to changing to the Retiree Plan of Benefits.	☐	☐

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; b.) each have the option to enroll in Self Funded PPO Plan (if under age 65) or Kaiser. *Please refer to pages 60 through 67 of your Benefit Plan Booklet for further information.*

ELIGIBLE RETIREE AND/OR SPOUSE WHO ARE AGE 65 OR OVER AND ARE COVERED BY MEDICARE: a.) are not allowed to participate in the Self-Funded Plan; b.) have the option to enroll in one of four HMO Plans: Kaiser, HealthNet, Secure Horizons, or The Hartford Plan; The Trust Fund requires an assignment of Medicare Benefits to the HMO plan.

Retirees are eligible for dental benefits, vision benefits through VSP, and 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