Alaska Electrical Health & Welfare Fund
2600 Denali Street, Suite 200
Anchorage, AK 99503-2782
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RETIREE ENROLLMENT/ELECTION FORM

RETIREE IDENTIFICATION

First Name _____ Initial ____ Last Name _____ SSN _____

Mailing Address _____ City _____ State ____ Zip Code _____

Date of Birth _____ Sex ____ Phone Number _____ Marital Status (M/S/D) _____ Date of Marriage _____

Are you eligible for Medicare? ☐ Yes ☐ No If yes, the effective date is: _____

SPOUSE IDENTIFICATION

First Name	Initial	Last Name	SSN	Date of Birth	Sex	Other Medical Coverage (Y/N)

DEPENDENT CHILDREN

First Name	Initial	Last Name	SSN	Date of Birth	Sex	Relationship	Other Medical Coverage (Y/N)

ELECTION (check one plan):

I elect the Retiree Health & Welfare plan checked below for myself and my covered dependents based upon my age.

Plan 585 ☐	Plan 589 ☐	Plan 583 ☐	Plan 588 ☐	Plan 584 ☐
Medicare Ineligible	Medicare Ineligible	Medicare Ineligible	Medicare Eligible	Medicare Eligible
Under age 58	Age 58 to 65	Age 58 to 65	Age N/A	Age N/A
Retiree/Family	Retiree only	Retiree/Family	Retiree only	Retiree/Family
$ 662	$ 257	$ 402	$ 160	$ 308

My plan election is for coverage effective: _____

☐ I authorize the Administrative Office to reduce my monthly pension benefit by the above premium.

- OR -

☐ My first payment is enclosed. I understand each subsequent monthly payment must be received by the Administrative Office prior to the due date (first of the month for which coverage is being purchased), or coverage will be suspended. Payments postmarked more than 30 days after the due date will not be accepted, and my retiree coverage will terminate and will not be reinstated.

PLEASE READ AND SIGN PAGE 2

OFFICE USE ONLY: PREMIUM: $_____ PLAN NUMBER: _____ EFFECTIVE: _____ INITIALS: _____

RETIREE ENROLLMENT INFORMATION
FOR ALL RETIREES ELIGIBLE FOR ALASKA ELECTRICAL HEALTH & WELFARE AT TIME OF FIRST OR SUBSEQUENT RETIREMENT(S)

If you meet the retiree eligibility requirements, you may enroll in the retiree plan available through the Fund. If you enroll, your retiree coverage will commence immediately upon termination of active coverage (including hour bank coverage). Coverage will be maintained as long as timely premium payments are made to the Fund, either by check or as a reduction from your monthly pension benefit.

Your dependents are eligible when you are eligible. If your family status changes and you are eligible to add/delete a dependent and/or move from a family plan to a single plan or vice versa, you must notify the Fund within 60 days of the change in family status to make an election change. Refer to the eligibility section of the Fund's Summary Plan Description for more details regarding qualifying changes in family status and dependent eligibility.

If you terminate your retiree coverage and your retiree eligibility was based on 60 months of eligibility with this Fund (or 10,400 hours of contributions reported to this Fund) in the 84 months immediately preceding retirement, you may not regain retiree coverage under the Fund unless you have re-satisfied the retiree eligibility rules. You may only regain retiree coverage at age 58 or upon Medicare eligibility, provided you have had:

- 60 months of eligibility for which retiree funding has been paid or
- 10,400 hours of contributions reported to this Fund

in the 84 months preceding attainment of age 58 or upon Medicare eligibility.

If you terminate your retiree coverage and your retiree eligibility was based upon 25,000 hours of contributions reported to this Fund prior to retirement, you may resume retiree coverage at age 58 or upon Medicare eligibility.

If you plan to return to work, please familiarize yourself with the Return to Active Employment section of the Fund's Summary Plan Description. This section describes the low option retiree plan and rules regarding termination of coverage.

Please note the retiree plan is a benefit provided by the Fund which cannot be guaranteed in the future. Benefits and premium payments required of retirees may be modified from time to time by the Trustees.

I understand the above summary of the terms and conditions of becoming eligible for retiree coverage and agree to be bound by these terms and conditions.

Retiree Signature	Date	Spouse Signature	Date