

Plumbers and Steamfitters Local 106

Health and Wealfare Fund

Pension Trust Fund

822 N. Lakeshore Drive

Lake Charles, Louisiana 70601

(337) 433-1447

Indicate the premium you must pay by checking one of the following categories:

Retiree without Medicare	\$297.00 _____
Retiree with Medicare	\$198.00 _____
Retiree with Dependent (both on Medicare)	\$402.00 _____
Retiree with Dependent (one with and one without Medicare)	\$495.00 _____
Retiree with Dependent (neither on Medicare)	\$594.00 _____
Surviving Spouse	\$127.00 _____
Surviving Spouse with Dependents	\$253.00 _____

Health and Welfare Coverage for Pensioners

I elect participant coverage: _____
Signature Date

I elect dependent coverage: _____
Signature Date

I do not elect participant coverage: _____
Signature Date

I elect dependent coverage: _____
Signature Date

I hereby request that the health care payment be withheld from my monthly pension benefit check. By signing this statement, I am authorizing the pension office to withhold this payment.

Date

Signature

Social Security Number

RETURN THIS ELECTION FORM TO THE FUND OFFICE