

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