

IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY BENEFIT TRUST
IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY PENSION TRUST
MAIN P.O. BOX 398 DAYTON, OHIO 45401
(937) 454-1744 (800) 331-4277

Date _____

If you have been eligible for insurance benefits for 36 out of the last 60 months prior to the date of your retirement, you are eligible to participate in the self-pay program for retirees. Please check with the fund office to see if you are qualified. If you are qualified and would like to participate, **please read this notice**, make the proper election and return your election to us as soon as possible.

If your benefits as an active ironworker have terminated and you are retired or about to retire, you have the choice to elect the COBRA option to continue your insurance OR the choice to elect the comprehensive retiree insurance. If you are a Medicare recipient, you will have the option to elect the Medicare Supplemental Option under the Retiree plan OR a similar Medicare Supplement level of benefits under the COBRA option.

The COBRA option is available for a maximum period of 18 months (36 months under special circumstances) **only**. Once the COBRA coverage ends, **no other coverage will be available to you**. Alternatively, the retiree coverage is expected to continue without modification for an indefinite period. While we reserve the right to modify or cancel the plan, we have no plans to do so in the foreseeable future.

**THIS FORM HAS TO BE FILLED OUT, SIGNED AND INCLUDED WITH
YOUR ELECTION FORM BEFORE ANY COVERAGE ELECTIONS ARE
ACCEPTED**

Retiree Medical Coverage

I have received, read, and understand the material provided by Iron Workers District Council of Southern Ohio & Vicinity describing the rights I have to a limited period of continuation of my current coverage under the provisions of COBRA. Effective on the date of my retirement or the date of my termination of active coverage after I retire, I elect to receive medical coverage as follows:

- I **elect** coverage under the Iron Workers District Council of Southern Ohio & Vicinity medical plan for retired employees, and I **reject** COBRA coverage.
- I **reject** coverage under the Iron Workers District Council of Southern Ohio & Vicinity medical plan for retired employees, and may choose to elect coverage under COBRA. (See enclosed Election Form) I understand that this coverage will be for **18 (36) months only** and I will have no other options for coverage after the COBRA coverage ends.

The choice I have made above applies to:

- Myself only
- Myself and my eligible dependents

Signature _____ Date _____