

Northwest Carpenters Health and Security Plan

PO Box 1929 Seattle, WA 98111-1929

Retiree Coverage and Kaiser Application

Oregon-SW Washington

Qualifications and Deadlines

If you qualify for and would like to participate in Retiree Coverage or Kaiser as described in the *General Notice of Retiree Coverage Rights*, you must complete this application and return it to Northwest Carpenters Trusts within 60 days of the later of:

- Your retirement date under the Northwest Carpenters Retirement Plan;
- Your loss of dollar bank eligibility or COBRA; or
- Your loss of eligibility under another group health plan or other health insurance coverage. You must provide Northwest Carpenters Trusts with verification of continuous coverage under the other health care plan.

If you do not apply within these timelines, you forfeit your right to participate. Northwest Carpenters Trusts will notify you, in writing of the acceptance or denial of your application and your monthly rate.

Retiree Information

Name: Last, First, Middle		Social Security Number		
<hr/>				
Mailing Address:	Street	City	State	Zip
<hr/>				
Telephone Number <input type="checkbox"/> Mobile <input type="checkbox"/> Land	Date of Birth		Retirement Date	
() _____				

List Each Person You Want Covered (Including the You (the Retiree))

You **must** list each person who should be covered under Retiree Coverage **including yourself**. If, for example, only your spouse should be covered, please provide his or her name in the appropriate (second) space below and leave the space for you (the retiree) blank. Dependent children, if covered, are covered through the age of 25 regardless of marital status, student status, or eligibility for coverage under another plan. Washington State Registered Domestic Partners are treated the same as a spouse. If children of the primary insured are covered, children of Domestic Partners are covered on the same basis. If you or a dependent is eligible for Medicare, you **must** submit a copy of the Medicare card(s).

Retiree's Name: Last, First, Middle	Social Security Number	Eligible For Medicare?
<hr/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Name: Last, First, Middle	Social Security Number	Eligible For Medicare?
<hr/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Name: Last, First, Middle	Social Security Number	Eligible For Medicare?
<hr/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Name: Last, First, Middle	Social Security Number	Eligible For Medicare?
<hr/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

What You Pay

Please select the appropriate coverage option below. If you need assistance determining your monthly rate, please contact Participant Services at Northwest Carpenters Trusts: (800) 552-0635.

You are eligible for the Retiree Premium Credit which is based on the amount of credit you earned under the Oregon-SW Washington Carpenters-Employers Retirement Plan with a maximum credit of 30 years. Your Retiree Premium Credit amount will be deducted from the amount listed below. In all cases, you must make a minimum monthly contribution of \$100: _____ credits \$ _____ deduction

Retiree Only or Spouse Only

Monthly Rate

- | | |
|--|-------|
| <input type="checkbox"/> Carpenters medical and prescription | \$634 |
| <input type="checkbox"/> Carpenters medical, prescription, dental, and vision | \$704 |
| <input type="checkbox"/> Kaiser medical and prescription | \$603 |
| <input type="checkbox"/> Kaiser medical, prescription and carpenters dental and vision | \$673 |

Retiree and Family

Monthly Rate

- | | |
|--|---------|
| <input type="checkbox"/> Carpenters medical and prescription | \$1,268 |
| <input type="checkbox"/> Carpenters medical, prescription, dental, and vision | \$1,408 |
| <input type="checkbox"/> Kaiser medical and prescription | \$1,206 |
| <input type="checkbox"/> Kaiser medical, prescription and carpenters dental and vision | \$1,346 |

After you make your first payment, you will be billed for this coverage. Your monthly payment is due by the tenth of the month prior to next month's coverage. Your monthly payment must be made by check, money order or by using "bill pay" services through your bank.

Monthly Contribution Payment Designation (check one only)

- Automatic deduction from the Northwest Carpenters Retirement Plan
 Bill me monthly

Life Insurance Beneficiary

The Northwest Carpenters Health and Security Plan includes a life insurance benefit for you and your dependents. List the person who should receive your life insurance benefit if you die. Subject to the applicable community property laws, your life insurance beneficiary can be anyone except an employer and yourself.

Name: Last, First, Middle	SSN	Date of Birth	Relationship
_____	_____	_____	_____

Election Agreement

I have read this application and the *General Notice of Retiree Coverage Rights* and understand my rights to elect Retiree Coverage under the Northwest Carpenters Health and Security Plan or Kaiser. I understand if I fail to pay any contribution in a timely fashion, this coverage terminates. I also agree to notify Northwest Carpenters Trusts if any of my eligible dependents or I become covered under another group or individual health plan, Medicare, or a Medicare Advantage (MA) Plan or Medicare Supplemental Plan. If I (the retiree) have other group coverage, I agree to notify Northwest Carpenters Trusts if that coverage terminates. Coverage may be revoked, retroactively, if any facts are misrepresented.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and the denial of insurance benefits.

Signature _____ Date _____

Northwest Carpenters Trusts

PO Box 1929
Seattle, WA 98111-1929
www.CarpentersBenefits.org
Telephone (800) 552-0635
Fax (206) 728-5648
Email ps@ctww.org

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