

**U.A. LOCAL 350 PLUMBERS & PIPEFITTERS
HEALTH & WELFARE SUPPLEMENTAL RETIREE PLAN
P.O. Box 11337, Reno, NV 89510 (775) 826-7200**

Date: _____
Name: _____
SS#: _____
Address: _____
Phone: _____
Spouse's Name, SS # & Birthdate: _____
Last Date Worked & Name of Contractor: _____
Members Signature: _____

If all the requirements below are met, coverage can be continued until the Retiree exhausts his/her Plan lifetime maximum benefit (\$7,500).

For Retired Collectively Bargained Employee. To be eligible for continued coverage under the U.A. Local 350 Supplemental Retiree Health and Welfare Plan, a Retired Collectively Bargained Employee must meet the following requirements:

- Has attained age 60;
- Is receiving or entitled to receive pension benefits from either the Plumbers and Pipefitters National Pension Trust Fund or the U.A. Local 350 Retirement Plan;
- Was eligible for benefits from the U.A. Local 350 Active Health and Welfare Plan for at least six (6) of the ten (10) years preceding retirement;
- Has either: (a) already elected COBRA at retirement and exhausted extended health and welfare benefits under the U.A. Local 350 Active Health and Welfare Plan or (b) waived COBRA and elected to enroll in the U.A. Local 350 Retiree Health and Welfare Plan;
- Must not be on the Out of Work List maintained by U.A. Local 350 at age 60 or thereafter;
- Has maintained and continues to maintain current membership with U.A. Local 350; or was an Employee of L.U. 350 or L.U. 350 JATC and employer retiree contributions were made on their behalf; and
- Is not working non-covered employment in the Plumbers and Pipefitters Industry.

For Retired non-Collectively Bargained Employee. To be eligible for continued coverage under the U.A. Local 350 Supplemental Retiree Health and Welfare Plan, a Retired non-Collectively Bargained Employee must meet the following requirements:

- Has attained age 62;
- Was eligible for benefits from the U.A. Local 350 Active Health and Welfare Plan for at least 24 months of the five (5) years preceding the date of retirement; and
- Has either: (a) already elected COBRA at retirement and exhausted extended health and welfare benefits under the U.A. Local 350 Active Health and Welfare Plan or (b) waived COBRA and elected to enroll in the U.A. Local 350 Retiree Health and Welfare Plan.

Please attach a copy of your award letter from the P & P National Pension Fund.

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To be completed by the Trust Fund.

Dates of Active Eligibility: _____

Dates Eligibility Ended: _____

Effective Date: _____