

Pipe Fitters Local No. 533 Health and Welfare Plan
8600 Hillcrest Road, Suite A / Kansas City, MO 64138 (ph) 816-361-0206

Retiree Enrollment Form

Complete this Enrollment Form and return it to the Fund Office. You must submit the following items to the Fund Office with this Enrollment Form, if you have not previously provided them to the Fund Office (as applicable):

- If you are enrolling a spouse, you must include a copy of your Marriage Certificate.
- If you are enrolling a Dependent child(ren), you must include a copy of the child's birth certificate, adoption papers, or court order for custody and support or maintenance (as applicable).

Participant

Name _____
Last First Middle

Address _____
Street City State, Zip

Phone _____ Date of Birth _____ Social Security Number _____

Gender M or F Martial Status _____ Email Address _____

Do you have Medicare: Yes No

Medicare Number _____ Part A _____ Part B _____

Do you have Medicare due to End-stage renal disease: Yes No

If Yes, Effective Date: ____/____/____

Does your Spouse have Medicare: Yes No

Spouse Medicare Number _____ Part A _____ Part B _____

Do you have Medicare due to End-stage renal disease: Yes No

If Yes, Effective Date: ____/____/____

Please list any dependents and/or spouse you wish to keep on your policy at the time of Retirement.

Name	Date of Birth	Relationship	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)

Please list any dependents and/or spouse you wish to waive coverage for from your policy at the time of Retirement.

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following is extremely important information. Please read this language carefully and then sign and date this Enrollment Form and return it to the Fund Office. If you are married, both you and your spouse must sign and date this Enrollment Form.

I hereby certify that all information on provided on this Enrollment Form is correct to the best of my knowledge. I understand that if this information changes, it is my responsibility to notify the Fund Office immediately. I also understand that I will be required to reimburse the Plan for any payments made as a result of my failure to notify the Fund Office of a change in the information provided on this Enrollment Form.

Participant Signature

Date of Signature

Spouse's Signature

Date of Signature

Life-Changing Events When you get married, provide the Fund Office with:

- A copy of your marriage certificate
- Your spouse's date of birth
- A copy of your spouse's medical insurance information, if he or she is covered under another plan

If you add a child, provide the Fund Office with:

- A copy of the child's birth certificate, adoption papers, or court order for custody and support or maintenance (as applicable)
- A copy of your child's other medical insurance information, if he or she is covered under another plan

If you get legally separated or divorced, provide the Fund Office with:

- A copy of your separation or divorce decree
- A copy of any QDRO
- If you have children for whom you do not have custody, a copy of any QMCSO

Life changing events are all subject to the terms of the Pipe Fitters Local No. 533 Health and Welfare Plan Document. If you have any questions regarding enrollment, please see your Summary Plan Description or contact the Fund Office.