

U.A. LOCAL 350 PLUMBERS & PIPEFITTERS HEALTH & WELFARE RETIREE SUBSIDY COBRA

P.O. Box 11337, Reno, NV 89510 (775) 826-7200

The Fund will subsidize all but \$150.00 per month toward the extended health and welfare benefit for qualified retired participants. This non-vested benefit change is subject to review every year. Additionally, spouses of qualified retired participants may continue to pay to maintain their health and welfare up to 60 months, after the retired participant reaches age 65. Spouses of qualified retired participants are eligible for the subsidy.

Date: _____

Name: _____

Address: _____

Phone: _____

SS # & Birthdate: _____

Last Day Worked: _____

Members Signature: _____

To be eligible for continued coverage upon retirement, a retired **Collectively Bargained Employee** must:

- The retired Employee 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;
- The retired Employee has attained age 60;
- The retired Employee was eligible for this Plan's Benefits for at least 24 months during the 60 months before the Employee turned age 60 or the date of retirement;
- The retired Employee was eligible for benefits from this Plan for at least 120 months out of the last 180 months;
- The retired Employee was working in covered employment (or was on the Out of Work List seeking Covered Employment) during the three month period before turning age 60. The retired Employee must not be on U.A. Local 350's Out of Work List at age 60 or thereafter;
- The retired Employee 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
- The retired Employee is not working non-covered employment in the Plumbers and Pipefitters Industry.

To be eligible for continued coverage upon retirement, a retired **Non-Collectively Bargained Employee** must:

- The retired Employee has attained age 62;
- The retired Employee was eligible for this Plan's Benefits for at least 24 months during the 60 months before the Employee's date of retirement;
- The retired Employee 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.

If all these requirements are met, COBRA can be continued upon the timely payment of the appropriate premium until the Retired Employee is eligible for Medicare.

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

.....
To be completed by the Trust Fund.

Employee Age: _____ Months of Eligibility: _____

Effective date for extended COBRA: _____ Effective date for Subsidy COBRA: _____