Alaska Electrical Legal Fund
2600 Denali Street, Suite 200
Anchorage, AK 99503-2782
(907) 276-1246 • (800) 478-1246 • FAX (907) 278-7576
www.aetf.com

RETIREE ENROLLMENT/ELECTION FORM

RETIREE IDENTIFICATION

First Name _____ Initial _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Social Security Number _____ Date of Birth _____ Phone Number _____

SPOUSE IDENTIFICATION

First Name _____ Initial _____ Last Name _____ Social Security Number _____ Date of Birth _____

DEPENDENT CHILDREN

First Name	Initial	Last Name	Social Security Number	Date of Birth	Sex	Relationship

My plan election is for coverage commencing during the month of:_____

☐ I authorize the Pension Department to reduce my pension check by the appropriate rate.

- OR -

☐ My first payment is enclosed. I understand each subsequent monthly payment must be received by the Administrative office prior to the first of the month for which coverage is being purchased.

Retiree Signature _____ Date _____

OFFICE USE ONLY: PREMIUM: $_____ PLAN: _____

TERM OF COVERAGE IS EFFECTIVE: _____