

**Alaska Electrical Health & Welfare 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**  
**Plan 520 (Low Option)**

**RETIREE IDENTIFICATION**

First Name	Initial	Last Name	SSN
Mailing Address		City	State      Zip Code
Date of Birth	Sex	Phone Number	Marital Status (M/S/D)      Date of Marriage

Employer Name: \_\_\_\_\_

Are you eligible for Medicare?  Yes  No      If yes, the effective date is: \_\_\_\_\_

Are you covered under your spouse's group health plan?  Yes  No      If yes, please provide HIPAA cert

Do you have any other group health coverage?  Yes  No      If yes, please provide HIPAA cert

**SPOUSE IDENTIFICATION**

First Name	Initial	Last Name	SSN	Date of Birth	Sex	Other Medical Coverage (Y/N)
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**DEPENDENT CHILDREN**

First Name	Initial	Last Name	SSN	Date of Birth	Sex	Relationship	Other Medical Coverage (Y/N)

**ELECTION**

The monthly cost of the plan is \$260.00. My plan election is for coverage effective: \_\_\_\_\_

I authorize the Administrative Office to reduce my monthly pension benefit by the above premium.

- OR -

My first payment is enclosed. I understand each subsequent monthly payment must be received by the Administrative Office prior to the due date (first of the month for which coverage is being purchased), or coverage will be suspended. Payments postmarked more than 30 days after the due date will not be accepted, and my retiree coverage will terminate and will not be reinstated.

I understand I must continue the same coverage as elected until the occurrence of one of the following events (resulting in a change in status):

- Marriage
- Divorce or legal separation
- Gain/loss of other group health coverage
- Birth or adoption of child
- Declaration of an open enrollment
- Dependent child gains/loses eligibility
- Death of a dependent

**PLEASE READ AND SIGN PAGE 2**

**OFFICE USE ONLY:** PREMIUM: \$ 286.00 PLAN NUMBER: 520 EFFECTIVE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

# LOW OPTION RETIREE ENROLLMENT INFORMATION

If you or your spouse gains (or loses) other group health coverage you may be eligible to move in (or out) of a low option plan, provided you notify the Fund to make an election change within 60 days of the effective date of the gain (or loss) of other coverage. Election changes will be permitted only within the first 60 days following the qualifying event.

If you return to Active Employment after becoming eligible for retiree coverage and your employer offers group health coverage, you must enroll in that plan and enroll in a low option retiree plan through this Fund, which is designed to supplement your active coverage by providing 20% reimbursement on allowable expenses. *At such time as you terminate Active Employment and lose your active coverage, you will then be entitled to resume your full retiree coverage if you notify the Fund within 60 days of the date you lose active coverage through your employer. If you fail to notify the Fund to resume your full retiree coverage within 60 days following the loss of your active coverage, your retiree coverage will be terminated.*

If you return to Active Employment after retirement and you do not have group health coverage through your employer, or if you are enrolled in group health coverage through your employer and fail to enroll in the retiree low option plan, your retiree health and welfare benefits through this Fund will be terminated.

If you return to Active Employment as an Hourly or Monthly Employee eligible for active coverage under this Fund, your retiree coverage will be automatically suspended during the period in which you are covered as an active employee by this Fund. Your retiree coverage will automatically resume upon termination of your active coverage through this Fund.

Active Employment means more than 40 hours of employment in a calendar month or in a four or five week pay period ending in a calendar month:

- (a) in the State of Alaska; and
- (b) in a job classification similar to those set forth in a Collective Bargaining Agreement or Special Agreement, whether or not such employment is under the terms of a Collective Bargaining Agreement or in a supervisor capacity over such job classification; and
- (c) in the industry in which the contributing employers participate (i.e. any business activity of the type engaged in by the employers participating in this Fund).

If you terminate your retiree coverage and your retiree eligibility was based on 60 months of eligibility with this Fund (or 10,400 hours of contributions reported to this Fund) in the 84 months immediately preceding retirement, you may not regain retiree coverage under the Fund unless you have re-satisfied the retiree eligibility rules. You may only regain retiree coverage at age 58 or upon Medicare eligibility, provided you have had:

- 60 months of eligibility for which retiree funding has been paid or
- 10,400 hours of contributions reported to this Fund

in the 84 months preceding attainment of age 58 or upon Medicare eligibility.

If you terminate your retiree coverage and your retiree eligibility was based upon 25,000 hours of contributions reported to this Fund prior to retirement, you may resume retiree coverage at age 58 or upon Medicare eligibility.

Please note the retiree plan is a benefit provided by this Fund, which cannot be guaranteed in the future. Benefits and premium payments required of retirees may be modified from time to time by the Trustees.

I understand the above summary of the terms and conditions of the retiree return-to-work provisions and the retiree low option plan and agree to be bound by these terms and conditions.

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date