

Alaska Electrical Legal Fund
701 E. Tudor Suite 200
Anchorage, AK 99503
(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: _____

Please select *one* of the options below:

- I authorize the Pension Department to reduce my pension check by the appropriate rate.
- 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.
- I am declining Retiree Legal Coverage.

If you terminate your retiree legal coverage you may not regain coverage under the fund unless you have re-satisfied the retiree eligibility rules.

 Retiree Signature Date

OFFICE USE ONLY: PREMIUM: \$ _____ PLAN: _____

TERM OF COVERAGE IS EFFECTIVE: _____