



## Request for Retiree Eligibility

To verify your eligibility to enroll in Retiree Coverage under the Tri-State Iron Workers Welfare Fund, complete and send this form to the Fund Office. You can type your answers directly into the form below. You also can print and write your answers in the space provided. Please print legibly. You must submit this form **no less than 90 days** before your planned retirement date.

After receiving the form, the Fund Office will send you a letter detailing your eligibility for retiree coverage, the options under the Pre-Funded Retiree Allowance Program and the cost to you for each option.

<b>Employee Name</b> (First, Middle Initial, Last)			
Retirement Date (Date you wish to start retirement)		Date of Birth (MM/DD/YYYY)	
Social Security Number		Primary Phone Number	
Email Address			
Street Address		City	State      Zip Code
Will you also cover your spouse? <i>If "Yes", complete the section below.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Spouse Name</b> (if applicable)			
Date of Birth		Social Security Number	
Will you also cover your eligible children? <i>If "Yes", complete the section below.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Child Name</b> (if applicable)			
Date of Birth		Social Security Number	
<b>Child Name</b> (if applicable)			
Date of Birth		Social Security Number	
<b>Child Name</b> (if applicable)			
Date of Birth		Social Security Number	

By signing this form, I affirm that, to the best of my knowledge, the information I am providing is true and accurate. I am aware that the Plan provisions are provided in the Iron Workers Tri-State Benefit Fund Plan Document. If there is a discrepancy between the wording here and the Plan Document, the language in the Plan Document governs. I acknowledge that the Trustees reserve right to interpret, amend, modify or terminate this Plan or any of the benefits at any time.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Contact the Fund Office for more information about your benefits at 866-463-9418.  
 Return forms and documentation to the Fund Office by email, mail or fax.

<b>Email</b>	<b>tristateiron@groupadministrators.com</b>
<b>Mail</b>	953 American Lane, Suite 100 Schaumburg, IL 60173
<b>Fax</b>	847-519-1979