



**Northern California Plasterers Trust Funds**  
 Health & Welfare Trust Fund, Pension Plan and Plasterers Local 66 Supplemental Pension Trust  
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**RETIREE BENEFITS APPLICATION**

**NOTICE OF RETIREE HEALTH & WELFARE COVERAGE**

As a Retired Employee, you may qualify for certain health and welfare benefits specifically for eligible retired employees and their eligible dependents. You must meet the eligibility requirements for retiree health and welfare benefits under the Plan (refer to your summary plan description), and you must apply for coverage within 30 days of the effective date of your pension. **This is your only opportunity to elect Retiree Health & Welfare coverage. If you decline this coverage now, you will not be eligible for it at a later date.**

There is a monthly payment, as determined from time to time by the Board of Trustees, which you are required to make. The Administration Office will inform you of this amount and furnish details on the payment procedure once this completed application has been received and it is determined that you qualify for Retiree Health & Welfare benefits.

**APPLICATION FOR RETIREE HEALTH & WELFARE COVERAGE**

Member Name \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please indicate whether you do or do not want to apply for Retiree Health & Welfare coverage by checking the appropriate box below and completing the necessary fields.

- I **do not** want to apply for Retiree Health & Welfare coverage. This is a one-time election and I understand that I cannot apply for Retiree Health & Welfare coverage at a later date. (Please sign below.)
- I **do** want to apply for Retiree Health & Welfare coverage **for myself only**. (Please sign below.)
- I **do** want to apply for Retiree Health & Welfare coverage **for myself and my dependent(s)**. (Please complete the next section and sign below.)

**DEPENDENT INFORMATION**

DEPENDENT'S NAME	RELATIONSHIP TO PARTICIPANT*	SEX	DATE OF BIRTH			SOCIAL SECURITY NUMBER

I understand that this is a one-time election. If I choose to apply for coverage, I understand that a monthly self-payment is required. Failure to make timely payment of the monthly charge will result in loss of coverage. Retiree Health & Welfare coverage will continue as long as the Board of Trustees, at their sole discretion, consider that the financial condition of the Trust Fund permits continuation of retiree benefits.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

INTERNAL OFFICE USE ONLY