

**CARPENTERS PENSION TRUST FUND
FOR NORTHERN CALIFORNIA**

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**ELECTION TO TERMINATE/DELAY RETIREE HEALTH COVERAGE
(INDEMNITY PLAN)**

- Complete only if you want to cancel health coverage for you and/or your dependent(s)
- If you cancel coverage for the member you must cancel coverage for all other dependents
- Once you cancel a dependent child they are no longer eligible for re-enrollment

Effective _____, I elect to Cancel Retiree Health Coverage for:

- Myself and my dependents, if any.
- My Dependent(s) only.

List below name(s) of dependents(s) whose coverage should be canceled.

1st Dependent's Name _____

2nd Dependent's Name _____

PLEASE READ: I understand that I (and/or my dependents) will NOT be allowed to re-enroll in the Carpenters Retiree Health Plan at any further date after I cancel this coverage, unless

- I am canceling this coverage because I am covered under another employer sponsored group health plan.
- I am not yet Medicare eligible and have provided proof of Medicare enrollment within 60 days.
- I have acquired a new dependent through marriage, birth, adoption or legal guardianship and I will enroll them and provide required documentation within 60 days of the date that I acquired the new dependent.

Please indicate the reason you are terminating/delaying retiree health coverage:

- I (or my dependent) am covered by another employer sponsored group health plan. I understand that I will have 31 days to re-enroll in the Carpenters Retiree Health Plan after this other coverage ends. Provide plan information below.

Employer Name

Employee Name

Insurance Carrier or Health Plan Name

Plan Number

- I (or my dependent) am covered by Medicaid, a state Children's Health Insurance Program (CHIP), or other public program other than Medicare. I understand that I will have 60 days to enroll in the Carpenters Retiree Health Plan after that coverage ends. I understand that if I (or my dependent) become eligible to participate in a premium assistance program under Medicaid or CHIP, I have 60 days to re-enroll in the Carpenters Retiree Health Plan.

Retiree Signature

Date

Retiree's Name (Print)

UBC#, ID, or Social Security Number