

**IBEW LOCAL NO. 163 HEALTH AND WELFARE FUND**

**ELECTION TO VOLUNTARILY WAIVE ELIGIBILITY FOR ALL BENEFITS**

Under the provisions of the IBEW Local No. 163 Health and Welfare Fund, I have accumulated "banked" hours that the Fund's Contract Administrator may use in maintaining my continued eligibility for hospitalization, medical, surgical, disability, death, accidental death and dismemberment, prescription drug, vision care and dental care benefits under the Fund.

Under the Fund, I understand that since I have "banked" hours, I have the right to elect to waive the use of my "banked" hours, for maintaining continuing eligibility, and I have my eligibility for **ALL BENEFITS** terminated. If I make such an election to waive benefits, the waiver will be effective on the first day of the month, following the receipt of the waiver by the Contract Administrator. The waiver will remain in effect until I submit a written revocation of the waiver on a form to be provided by the Contract Administrator. I understand that I will be eligible for the resumption of all benefits during the Fund's Open Enrollment Period or if I have a Qualifying Special Event. This is provided I have sufficient "banked" hours for coverage; remit the required self-contribution; or satisfy the initial eligibility requirements.

I hereby waive the use of my "banked" hours for maintaining continuing eligibility, and to have my eligibility for **ALL BENEFITS** terminated on the first day of the month following the receipt and approval of this waiver by the Contract Administrator.

If you have a Benefit Credit Account, your "banked" hours will be converted to Dollars and placed into your Benefit Credit Account. You may use the Benefit Credit Account during the period you have elected to freeze your eligibility for all benefits. When additional hours are credited to your Hour Bank, they will be converted to dollars and added to your Benefit Credit Account, *provided you have submitted proof to the Plan Administrator that you are covered under another Group Health Plan (such as through your spouse's employer) that meets the federal law requirements to be "integrated" with the Benefit Credit Account.*

If and when you submit a written revocation, the Dollars in the Benefit Credit Account will be converted to hours and placed into an Hour Bank, up to the maximum of 1560 hours.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Participants Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Address

*The IBEW Local No. 163 Health and Welfare Fund hereby acknowledges the receipt of the waiver of the named participant to rise "banked" hours and to have all benefits terminated, and hereby approves the waiver.*

**IES APPROVAL NAME /DATE:** \_\_\_\_\_