

**REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (UA-NJ)
WELFARE FUND**

Waiver of Retiree Welfare Fund Coverage – Cease Applicable Contributions

Retiree's Name: _____

Waiver to be effective the first day of the month of _____ 20 ____

Retiree's Social Security # ____ - ____ - ____ Retiree's Date of Birth ____ / ____ / ____

Date of Retirement ____ / ____ / ____

Spouse's Name: _____

Spouse's Social Security # ____ - ____ - ____ Spouse's Date of Birth ____ / ____ / ____

Source of Other Health & Dental Insurance Coverage: _____

A copy of all other insurance ID cards must be included with this form for both retiree and spouse (if applicable).

Other Medical Insurance Plan Name: _____ Eff. Date: ____ / ____ / ____

Other Prescription Drug Insurance Plan Name: _____ Eff. Date: ____ / ____ / ____

Other Dental Insurance Plan Name: _____ Eff. Date: ____ / ____ / ____

By signing below, I acknowledge that I:

- Voluntarily elect to discontinue all the Refrigeration, Air Conditioning & Service Division (UA-NJ) Welfare Fund benefits (*medical, prescription, dental insurance coverage*) for myself and my spouse.
- **Understand I nor my spouse will not have any Welfare retiree benefits offered by the Welfare Fund** and eligible Welfare Fund retiree contributions shall cease.
- Am retired under the Refrigeration, Air Conditioning & Service Division (UA-NJ) Pension Fund.
- Am enrolled with other health insurance coverage outside of the Welfare Fund.
- Must notify the Fund Office if my other health insurance coverage terminates or another qualifying life event occurs within 30 days of the qualifying event.
- Have a right to a one-time election to re-enroll myself and my spouse for coverage under the Refrigeration, Air Conditioning & Service Division (UA-NJ) Welfare Fund. If I should die prior to re-enrolling, my spouse may also re-enroll for coverage.
- Have a one-time election to re-enroll into the Welfare Fund retiree benefits, prior to September 30th, with coverage becoming effective on the immediately following January 1st.

Signature of Retiree

Date

Signature of Spouse

Date