

January 3, 2019

REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (U.A. – N.J.)
WELFARE FUND

Application for Waiver of Retiree Health Insurance Coverage

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 Alternative Health Insurance Coverage _____
(Attach copy of valid identification card)

Alternative Insurance Carrier/Health Plan Name:

Effective Date of Alternative Health Insurance Coverage: ____/____/____

Authorization:

By signing below I acknowledge that:

- I am retired under the Refrigeration, Air Conditioning & Service Division (U.A. – N.J.) Pension Fund.
- I am enrolled under alternative health insurance coverage.
- I voluntarily elect to discontinue health insurance coverage for myself and my dependents under the Refrigeration, Air Conditioning & Service Division Welfare Fund.
- I have the right to re-enroll myself and my dependent(s) for coverage under the Refrigeration, Air Conditioning & Service Division (U.A. – N.J.) Welfare Fund. If I should die prior to re-enrolling my spouse may also re-enroll for coverage.
- I may only re-enroll once, and then only during the month of December with coverage becoming effective on the immediately following January 1st.

Signature of Retiree

Date

Signature of Spouse

Date