



**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS**

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ELECTING COVERAGE UNDER THE RETIREE BENEFIT PROGRAM OR COBRA

INSTRUCTIONS

Coverage under the Retiree Benefit Program is limited to eligible retirees and, if the retiree elects to participate in the Program, the retiree's spouse. Eligible retirees therefore must choose between the Retiree Benefit Program, coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"), or neither.

Please choose between coverage under the Retiree Benefit Program, COBRA, or neither, by marking the appropriate boxes below. After making your choice, please sign and date this Form (spouses of retirees also must sign and date the Form) and return it to the Fund office at the address shown above. **Please Note: If married, choosing the Retiree Benefit Program, and not covering the spouse, this form must be signed and notarized, otherwise the notary part can be disregarded.**

IMPORTANT!

If a retiree elects to participate in the Retiree Benefit Program now and then decides to return to covered employment in the future, the retiree must re-qualify for coverage as an active employee under the rules of the Plan and *will not be offered the opportunity to participate in the Retiree Benefit Program again*. Thus, the opportunity to participate in the Retiree Benefit Program is available only once.

Payments for Retiree Benefit Program coverage are due at the address above by the 1st day of the month to be covered. For example, a payment for coverage during January must be received by the Fund Office by January 1. If you do not pay your premiums in a timely manner or lose coverage under the Retiree Benefit Program for any other reason, *you will not be offered coverage under COBRA unless the retiree returns to covered employment and works the required number of hours to re-qualify for coverage as an active employee.*

