

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33
HEALTH AND WELFARE FUND
WAIVER FORM TO DECLINE RETIREE COVERAGE**

Last Name of Retiree	First Name	Initial	
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Street or P.O. Box	City	State	Zip Code
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Birth Date	Social Security Number	Home Phone Number
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Date Coverage Ending _____

_____ I have been covered under the Retiree Health and Welfare Plan of the Plumbers and Steamfitters of Local Union No. 33 but am declining coverage effective _____. I understand that once I decline retiree coverage I am not allowed to participate at a later date, anytime in the future.

_____ My spouse and I have been covered under the Retiree Health and Welfare Plan of the Plumbers and Steamfitters of Local Union No. 33 but are declining coverage effective _____. We understand that once we decline retiree coverage we are neither one eligible to participate at a later date, anytime in the future.

_____ My spouse and I have been covered under the Retiree Health and Welfare Plan of the Plumbers and Steamfitters of Local Union No. 33 but are declining coverage effective _____. We have coverage available through my spouses employer and are choosing the one time opt-out provision offered by the Local 33 Health & Welfare Plan. We understand that we may opt back into this Plan at the time that my spouse loses coverage through her employer. We also understand that we must provide a copy of the Certificate of Creditable Coverage in order to be eligible for this provision.

Signature of Retiree

Date

Signature of Spouse

Date

This form must be received by the Fund Office Administrator of the Plumbers and Steamfitters of Local Union No. 33 before the first day of the month coverage is ending to avoid the premium for that month. Please mail it to:

Jama Barbour
Fund Office Administrator
2501 Bell Avenue
Des Moines, IA 50321-1118