

Dear Pensioner:

This application provides information on the Fund's 401h Monthly Medicare Benefit which pays up to \$31 per month towards the cost of your supplemental insurance coverage offered by either your Local Union Health Fund (provided they are deemed an Eligible Provider) or the Sheet Metal Workers' National Health Fund (SMW+).

It is important to note that the Fund **does not** provide health benefits. It will be your responsibility to pay the balance of the monthly premium. The National Pension Fund will only provide this benefit for you (and/or your spouse) for any months in which **all** of the eligibility requirements **continue** to be met. You should also be made aware that the amount of the 401h Monthly Medicare Benefit may be changed or terminated at any time

Who is eligible to Participate?

To be eligible for the 401h Monthly Medicare Benefit from the National Pension Fund you must meet and continue to meet the following conditions:

- You **must** be receiving a pension from the National Pension Fund;
- You **must** be on Medicare Part A and Medicare Part B;
- The Pensioner **must** be a continuous dues paying member **the later of** his or her Effective Date of Pension or January 1, 2002. If the 401h Monthly Medicare Benefit recipient is a Spouse, the Pensioner must have been a dues paying member at the time of his or her death;
- The Pensioner **must** have worked in Covered Employment for at least 3500 hours in the 5 calendar years that immediately precedes his Effective Date of Pension in a job classification under a Collective Bargaining Agreement or other agreement that provides that the Contribution Rate on behalf of his or her job classification is at least \$1.63 per hour for Construction Work, or at least \$.82 per hour for Non-Construction Work;
- Effective January 1, 2003, if the NPF has been negotiated (or voted) out of a contract, or the Contribution Rate is decreased below required minimums, all Pensioners (and their beneficiaries) from that unit will lose coverage;
- A spouse will lose entitlement to this benefit if he/she remarries;
- A spouse will only be entitled to this benefit if the Participant was a Pensioner of this Plan;
- Your Local Union Health & Welfare Fund must complete a Provider's Certificate with the Fund that the coverage qualifies as a Medicare insurance policy as that term is defined in 42 U.S.C. § 1395 SS (g), and that all moneys paid to the provider will be used for "medical expenses", within the meaning of the Treasury Regulation § 1.401-14(b)(4)(ii).

Please send all correspondence to the Sheet Metal Workers' National Pension Fund; Edward F. Carlough Plaza; 601 N. Fairfax Street, Suite 500; Alexandria, VA 22314-2075. If you have any questions you may call on the Fund's toll free number, 1-800-231-4622.

Form Rev. 11/20/09

Request for the \$31 - 401h Supplemental Medicare Insurance Subsidy

You should understand that Pensioner health benefits are not protected pension benefits; therefore this benefit can be discontinued at any time.

If you are enrolling in SMW+ offered by the Sheet Metal Workers' National Health Fund you should contact them directly for enrollment information at 1-800-831-4914.

I hereby designate the Local Union Health Fund listed below as my supplemental Medicare insurance provider to receive a monthly payment of up to \$31.00 (individual) or \$62.00 (Pensioner and spouse) on my (our) behalf, to be credited toward my (our) monthly premium charged for my (our) insurance coverage:

Name and Address of the Local Union Health Fund:

Contact Person: _____ Phone No: (____) _____

Effective date of Coverage: Self _____ Spouse _____

Monthly Premium Amount: Self \$ _____ Spouse \$ _____

GENERAL INFORMATION

Pensioner's Name _____ Social Security # _____

Date of Birth _____ Local # _____ Phone No: (____) _____

Home Address: _____

Spouse's Name (if covered) _____ Social Security # _____

Date of Birth _____

Have you been a member in good standing of the Union from the later of your effective date of retirement or January 1, 2002? YES NO

Signature

Date

YOU MUST ENCLOSE WITH THIS APPLICATION:

- **A copy of EACH Enrollee's Medicare card(s) verifying both Part A and Part B coverage; and
A copy of Pensioner's most current Union dues receipt**