SHEET METAL WORKERS' NATIONAL PENSION FUND

401h MONTHLY MEDICARE BENEFIT

Dear Retiree:

This application provides information on the Pension Fund's program that pays part of the cost of Medicare insurance coverage obtained either from your Local Union Health Fund or the National Health Fund (referred to as SMW+). This benefit **can only** be made payable to your insurance provider. Enrollment under the Sheet Metal Workers' National Pension Fund's ("Fund" or "NPF") 401h Monthly Medicare Benefit program was effective January 1, 1999 and revised in 2002.

The Fund **does not** provide health benefits. The NPF's only responsibility at this time is the payment of up to $31 per month, per participant and/or spouse. The amount of the 401h Monthly Medicare Benefit provided will be *the lesser* of $31 or the total monthly premium charged. It will be your responsibility to pay the balance of the monthly premium. The NPF 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.

Who is eligible to Participate?

To be eligible for the $31 per person 401h Monthly Medicare Benefit from the NPF you must meet and continue to meet the following conditions:

- You ***must*** be receiving a pension from the Sheet Metal Workers' National Pension Fund;
- You ***must*** be on Medicare Part A and Medicare Part B;
- The Retiree ***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 Retiree must have been a dues paying member at the time of his or her death;
- The Retiree ***must*** have worked in Covered Employment for at least 3,500 hours in the 5 calendar years that immediately precedes his or her 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 as follows:

Effective Date	Construction Work	Non-Construction Work
September 1, 2012	$1.90	$1.00
September 1, 2013	$1.95	$1.05
September 1, 2014	$2.00	$1.10
September 1, 2015	$2.05	$1.15
September 1, 2016	$2.10	$1.20
September 1, 2017	$2.15	$1.25

- 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 retirees (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 Retiree of this Plan;
- Your Local Union Health 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, 8403 Arlington Blvd., Suite 300, Fairfax, VA 22031** or at info@smwnpf.org. If you have any questions you may call on the Fund's toll free number, 1-800-231-4622.

REQUEST FOR 401h MONTHLY MEDICARE BENEFIT

You should understand that Retiree health benefits are not protected pension benefits, therefore this $31 401h Monthly Medicare Benefit can be discontinued at any time.

I hereby designate the National Health Fund (SMW+) **or** the Local Union Health Fund listed below as my Medicare insurance provider to receive a monthly payment of $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 National Health Fund (SMW+) **or** 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;
- A copy of Retiree's most current Union dues receipt;

Please send all correspondence to the **Sheet Metal Workers' National Pension Fund, 8403 Arlington Blvd., Suite 300, Fairfax, VA 22031** or at info@smwnpf.org. If you have any questions you may call on the Fund's toll free number, 1-800-231-4622.