

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



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Retiree Plan Election/Rejection Form

Please check one of the following:

- () I **elect** ZR coverage for myself and/or my spouse as checked below. I understand a person cannot be covered under this coverage if he/she is age 65 or older or covered by Medicare.

_____ SELF

_____ SELF AND SPOUSE

_____ SPOUSE

IF SPOUSE ELECTS COVERAGE, WE MUST HAVE A COPY OF THE BIRTH CERTIFICATE IF NOT PREVIOUSLY SUBMITTED.

- () I will elect COBRA and wish ZR coverage to begin when my COBRA coverage terminates.

- () I **reject** ZR coverage. I understand that if all other qualifications set forth under the Plan are met and I have maintained comprehensive medical coverage from the time I terminated coverage with the TJC83 Health & Welfare Fund, I may be eligible for reinstatement under ZR coverage.

- () I hereby direct and authorize Teamsters Joint Council No. 83 of Virginia Pension Fund to deduct the applicable amount from my monthly pension benefit and remit on my behalf to the Teamsters Joint Council No. 83 of Virginia Health and Welfare Fund in order to pay monthly premiums required for retiree coverage.

- () I acknowledge that this authorization is revocable by me at any time. In order to revoke this authorization, I must direct the Pension Fund in writing to cease all deductions from my monthly benefit. Any revocation duly filed with the Pension Fund will be effective on the first day of the following month.

- () I acknowledge that the Joint Council No. 83 of Virginia Health and Welfare Fund has no enforceable right in, or to, any benefit payment, or portion thereof, to which I am entitled under the Teamsters Joint Council No. 83 of Virginia Pension Fund, except to the extent of any payments actually received pursuant to the terms of this authorization.

Full Name (Printed)

Signature

Social Security Number

Date

If you elect Plan ZR, you must also complete the enclosed Retirement Health Benefit Group Insurance Inquiry, advising of your employment and other insurance status as of your pension effective date.

Your application cannot be finalized for payment until form(s) are completed, signed, and received in the Fund office! Form(s) should be returned at least 2 weeks BEFORE your pension effective date.