

AUTOMATIC SPRINKLER LOCAL 281, UA WELFARE FUND

COBRA ELECTION FORM

(Election of COBRA Continuation Coverage or
Rejection of COBRA Continuation Coverage and Election of Retiree Coverage)

Name: _____ Date: _____

Address: _____ SSN: _____

This Election Form must be received by the Fund Office no later than [month/day/year] or you will lose your right to elect COBRA Continuation Coverage from the Welfare Fund. **Prior to completing this Form, you, your spouse and your dependent children (if applicable) should carefully review the “Notice of Rights of Employee, Spouse and Dependent Children Upon Employee’s Termination of Employment or Reduction in Hours of Work,” which accompanies this Election Form.** Please check one of the following:

- ☐ I elect COBRA Continuation Coverage, for myself and my family at the cost of \$_____ per month of coverage.
- ☐ I reject COBRA Continuation Coverage and elect for myself and my family to be covered under the Welfare Fund’s Retiree Coverage.
- ☐ I reject COBRA Continuation Coverage and Welfare Fund Retiree Coverage.

Please check one of the following:

- ☐ My initial premium is enclosed.
- ☐ My initial premium will be sent within 45 days of the date of this Election Form.

You must calculate your first premium payment to cover all months that are due at the time your first payment is made. To calculate the amount of your first payment, see the chart below:

Period of Time After Coverage Would Have Terminated that You Make Your First Payment...	Number of monthly COBRA Premiums that Should be Remitted as that First Payment
1 to 60 days	Remit 1 monthly COBRA premium
61 to 90 days	Remit 2 monthly COBRA premiums
91 to 120 days*	Remit 3 monthly COBRA premiums

COBRA ELECTION FORM (PAGE TWO)

(Election of COBRA Continuation Coverage or
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Name of Person Electing: _____ Date: _____

Signature of Person Electing: _____

Relationship to Participant: _____

Mailing Address: _____

Retiree Coverage: If you satisfy the eligibility requirements, the Welfare Fund provides Retiree Coverage to individuals who retire from the Sprinkler Industry while eligible for benefits from the Fund. If you are unemployed or disabled, and also meet the eligibility requirements for Retiree benefits, you may reject COBRA Continuation Coverage and elect Retiree Coverage. Retiree coverage is available for your lifetime and the lifetime of your spouse. You are required to make quarterly self-payments for Retiree Coverage in an amount determined by the Trustees. The amount of the self-payment premium may be changed from time to time. The current monthly premium rate for Retiree Coverage is \$_____.

If a Retired Member returns to employment covered by the Fund or to any employment in the Sprinkler, Plumbing or Pipefitting Industry, Retiree coverage will terminate. If you return to employment covered by the Fund you will become covered as an active employee. If you then retire a second time, you will be eligible for Retiree benefits if (1) you elected Retiree Coverage at your first retirement, and (2) your coverage under the Plan remained in effect while you returned to work, that is, if you returned to work in employment covered by the Plan or work for which contributions are made through a reciprocal agreement with a similar plan.

By electing Retiree Coverage, you reject and waive your right to elect COBRA Continuation Coverage.

Retiree Coverage benefits are outlined in Summary Plan Description. For more information about Retiree Coverage, please contact the Fund Office.

Please note that the Fund places certain restrictions on the availability of Retiree Coverage, and such restrictions would not apply to your right to obtain COBRA Continuation Coverage.

NOTE

Under federal law, you need not elect COBRA Continuation Coverage for your entire family. The employee, spouse and

dependent children have a separate right to elect COBRA Continuation Coverage. However, because there is one composite rate premium for COBRA Continuation Coverage, there is no advantage in electing COBRA Continuation Coverage for fewer individuals than are entitled to such coverage.