

RETIREE HEALTH BENEFIT ENROLLMENT FORM – NON-CONTRIBUTING EMPLOYERS

UNITED HEALTH CARE GROUP MEDICARE ADVANTAGE PLAN

MUST INCLUDE A COPY OF YOUR MEDICARE PART A AND B CARD AND YOUR SPOUSE'S MEDICARE CARD (IF APPLICABLE) ALONG WITH THIS FORM

COVERAGE FOR YOURSELF IF MEDICARE ELIGIBLE

- Option 1 _____ Low Option Medicare Advantage and Prescription
- Option 2 _____ Middle Option Medicare Advantage and Prescription
- Option 3 _____ High Option Medicare Advantage and Prescription
- Option 4 _____ I reject coverage for myself (if you check this option, you cannot cover your spouse or dependents)

COVERAGE FOR MEDICARE ELIGIBLE SPOUSE

Spouse's Name _____ Social Security No. _____ Date of Birth _____

- Option 1 _____ Low Option Medicare Advantage and Prescription
- Option 2 _____ Middle Option Medicare Advantage and Prescription
- Option 3 _____ High Option Medicare Advantage and Prescription
- Option 4 _____ I reject coverage for spouse

Payment Option: Place an X next to the statement which advises the Fund how you will make payment.

_____ I, (name) _____, authorize deductions of the appropriate amounts from my pension check for the above option(s) I have chosen, until I revoke this authorization in writing. If the premium increases, I further authorize deduction of the new amount as determined by the Trustees until I revoke my authorization in writing.

_____ Do not deduct monthly premiums from my pension check. I will make payments myself.

Signature

Date

For information regarding coverage for non-spouse dependents, please contact the Fund office to obtain eligibility rules and rates.

**BAKERY AND CONFECTIONERY UNION AND
INDUSTRY INTERNATIONAL HEALTH BENEFITS FUND**
10401 Connecticut Avenue – Kensington, Maryland 20895-3960

RETIREE HEALTH BENEFITS W-1

W-1 Coverage – Eligibility to Receive W-1 Coverage

Pensioners whose employer provides for W-1 coverage in their Collective Bargaining Agreement, who have worked the required 504 hours under the Plan, and who have met the required eligibility rules as established by the Trustees will be eligible to receive W-1 coverage if they pay monthly premiums. W-1 coverage is also available for dependents. The cost of the coverage will be established by the Trustees of the Fund. The cost is based on the employer's continued participation in the W-1 Plan.

When to Enroll: If you are **65 years of age or older** on your effective date of pension, you must opt to take the W-1 coverage at the time you receive your first monthly pension check or within 90 days after your coverage ends under any other group health plan (including continuation coverage under COBRA). **If you do not sign up for the W-1 coverage at one of these times you will not be eligible to enroll in W-1 at any later date.**

If you are **under age 65**, you must elect to take the W-1 coverage at any of the following times: (a) during the 90 days following the date on which you enroll in Medicare Part A and B prior to age 65; and, (b) when you reach age 65. An enrollment form will be sent to you prior to your 65th birthday, at which time you can accept or reject the W-1 coverage at age 65. **If you do not enroll in the W-1 Plan at one of these four times you will not be eligible to enroll at any other date.**

Please note: Under option (a) it is your responsibility to contact the Fund within 90 days of the event and request coverage. If you fail to notify the Fund within the 90-day period, you cannot enroll in the W-1 coverage until age 65. Enclosed is a book, which contains the Summary Plan Description and Rules and Regulations of the W-1 Plan. For enrollment rules, please refer to Article 2 and Article 3, Sections 3.2(b)(2) and 3.3.

When to Enroll Dependents: You must generally enroll your dependents at the same time you enroll yourself, with the following exceptions: (1) If you have a dependent who is eligible for coverage under the Fund as an active employee or dependent of an active employee, that dependent is not eligible under Plan W-1. You may enroll your dependent in W-1 at any time during the 90 days following the date on which the dependent's coverage under the Fund, including any extension of coverage that your dependent elects under COBRA, ceases. (2) If you have a dependent who is covered under another group health plan sponsored by an employer, you may enroll the dependent in W-1 at any time during the 90 days following the date on which that dependent's coverage under the other group health plan, including any extension of coverage that your dependent elects under COBRA, ceases. (3) If you become a pensioner and enroll in the W-1 Plan before you reach age 65, you may defer enrolling your dependents until you reach age 65. (4) If you become a pensioner before age 65, elect to defer enrollment, and die before reaching age 65, your surviving spouse may enroll himself or herself (and any dependents that were your dependents when you died) in W-1 upon reaching age 65, or if your spouse is already 65, within 90 days following your death. (5) If, after you enroll in W-1, you marry or re-marry, or acquire a new dependent child under the age of 19, you may enroll your new dependent in W-1 no later than 90 days from the date that person becomes a dependent. **If you do not enroll your dependent in W-1 during this 90-day period, you will not be eligible to enroll your dependent at any later date.**