

Southwest Ohio Regional Council of Carpenters
Health and Welfare Fund

33 Fitch Blvd
Austintown, Ohio 44515

Telephone: 1-800-435-2355
Fax 330-270-0912

LIFE INSURANCE ELECTION FORM

OPTIONAL LIFE INSURANCE COVERAGE

The Health and Welfare Fund provides eligible retirees with a Life Policy of \$1,000.00

If you are an eligible retiree in the Health & Welfare Fund, you have the option to obtain an additional \$4,000 Life Policy for a total life benefit of \$5,000. This additional Life Policy is offered to you at a monthly cost of \$20.00. Please note, this is the current cost and is subject to change.

Please indicate below your selection, complete, sign and return this form to the Fund Office within 30 days.

_____ I wish to obtain the Life Insurance Policy for the additional \$4,000 benefit at the monthly cost of \$20.00.

_____ I wish to have the monthly amount (\$20.00) deducted from my Pension benefit from the Southwest Ohio Regional Council of Carpenters Pension Fund.

_____ I decline this additional Life Insurance Policy.

This is a one-time offer. If the form is not returned or you decline the coverage, you cannot obtain the coverage at a later date.

Member's Signature _____

Member's Social Security Number _____

Date _____

If you have any questions concerning your benefits, please contact the Fund Office.