

Ohio Conference of Plasterers and Cement Masons
Health and Welfare Fund

33 Fitch Boulevard • Austintown, Ohio 44515
Telephone (330) 270-0453 • Toll Free 1-800-435-2388



ELECTION OF COVERAGE
EARLY RETIREMENT OR PERMANENT DISABILITY SCHEDULE OF BENEFITS

MEMBER'S NAME _____ LOCAL _____

SOCIAL SECURITY No. _____ DATE OF BIRTH _____

SPOUSE'S NAME _____

SOCIAL SECURITY No. _____ DATE OF BIRTH _____

ADDRESS _____

DESIGNATION OF BENEFICIARY

I HEREBY DESIGNATE _____

(BENEFICIARY'S NAME)

(RELATIONSHIP)

(BENEFICIARY'S ADDRESS)

AS THE BENEFICIARY FOR THE BENEFITS PROVIDED BY THE OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS HEALTH AND WELFARE FUND.

CHECK ONE:	<input type="checkbox"/>	MEMBER ONLY (UNDER AGE 62)	\$504.00
	<input type="checkbox"/>	MEMBER ONLY (BETWEEN AGE 62 AND 64)	\$377.00
	<input type="checkbox"/>	MEMBER/SPOUSE (BOTH UNDER 62)	\$964.00
	<input type="checkbox"/>	MEMBER/SPOUSE (BOTH BETWEEN 62 AND 64)	\$754.00
	<input type="checkbox"/>	MEMBER/SPOUSE (ONE UNDER 62, ONE 62-64)	\$754.00
	<input type="checkbox"/>	MEMBER (UNDER 62) / SPOUSE (OVER 65)	\$659.00
	<input type="checkbox"/>	MEMBER (BETWEEN 62 - 64) / SPOUSE (OVER 65)	\$495.00
	<input type="checkbox"/>	MEMBER/SPOUSE (UNDER SOCIAL SECURITY DISABILITY)	\$476.00
	<input type="checkbox"/>	MEMBER ONLY (UNDER SOCIAL SECURITY DISABILITY)	\$252.00

The following **MUST** be completed if not electing coverage for spouse:

Decline coverage for my spouse by reason of _____

SIGNATURE

DATE

RETIREMENT DATE