

INTERNATIONAL BROTHERHOOD OF BOILERMAKERS GREAT LAKES REGION RETIREE WELFARE PLAN

INITIAL PREMIUM REIMBURSEMENT REQUEST FORM

Return Completed Form to:
Your Local Union Office

Participant's Name _____ Social Security Number _____

Home
Address _____

Street

City

State

Zip Code

Telephone Number _____ Date of Birth _____

Local Union # _____

Date of Retirement _____

Eligible on the Active Plan through (if applicable) _____

Type of Coverage (Single, Two Person or Family) _____ COBRA Retiree

By signing this form, I verify that I am not eligible for a Social Security Disability Award and/or Medicare.

Employee's Signature

Date

PROCEDURE FOR APPEALING A CLAIM

Questions regarding the interpretation of the provisions in this Plan Document should be presented to the Administrative Manager, 6525 Centurion Drive, Lansing, Michigan 48917-9275. If the issue is not resolved through informal discussions with the Administrative Manager, then you may present a written complaint to the Board of Trustees, International Brotherhood of Boilermakers Great Lakes Region Retiree Welfare Plan, 6525 Centurion Drive, Lansing, Michigan 48917-9275. The Trustees have complete authority to construe and interpret the provisions of the Plan Document and Trust Agreement with their sole discretion. Your written complaint will be presented at the next regularly scheduled meeting of the Trustees, who will notify you of the resolution of the complaint within 31 days following the meeting of the Board. Any interpretation of the Plan Document or Trust made by the Trustees and their resolution of your complaint shall be final.

This form must be submitted to the Local Union Office prior to submission to the Fund Office for reimbursement

VERIFICATION OF ELIGIBILITY

LOCAL UNION OFFICE USE ONLY

- ☐ The Participant has attained the age of fifty-five (55) and is between ages 55 and the age of eligibility for Medicare benefits;
- ☐ The Participant is receiving a pension from the Boilermaker-Blacksmith National Pension Plan
- ☐ The participant has no remaining balance in his/her Reserve Bank in the Boilermakers National Health and Welfare Plan(s).
- ☐ The participant is eligible, or was eligible at age 55, for coverage in the International Brotherhood of Boilermakers National Health and Welfare Plan for Retired Boilermakers and Their Families;
- ☐ The participant has worked a minimum of 8,000 field construction hours within the jurisdiction of the Local Union in the 10 years prior to receiving benefits from the Boilermakers Pension Plan.

Signature

Date

FUND OFFICE USE ONLY

- ☐ The Local Union has Validated that the Participant qualifies for the benefit.

Amount of Reimbursement Approved \$_____

Signature

Date