Northwest Carpenters Health and Security Plan

PO Box 1929 Seattle, WA 98111-1929

Retiree Health Reimbursement Arrangement Account Application

Qualifications

The Retiree Health Reimbursement Account is available to you or your dependent in the following two circumstances: (1) if you are eligible for Retiree Coverage under the Northwest Carpenters Health and Security Plan; or (2) if you are retired under the Northwest Carpenters Retirement Plan and eligible for Retiree Coverage but applying for or covered under COBRA Coverage. This account is not available for domestic partner coverage.

If you are eligible for medical benefits in one of these two circumstances and would like to pay a portion of your monthly premium from your Retiree Health Reimbursement Account, please complete this application and return it to Northwest Carpenters Trusts. If your application is received by Northwest Carpenters Trusts by the 20th of the month, your payment designation will be effective on the 1st of the following month. Your monthly benefit from the Northwest Carpenters Retirement Plan or your monthly billing will be adjusted accordingly.

After making your election below, you must sign and date the last page of this application.

Retiree or Dependent Information

Name Last, First, Middle			Social Security Number	
Home Address	Street	City	State	Zip
Telephone Number ☐ Mobile ☐ Land			Date of Birth	
( )				

Monthly Contribution Payment Designation

You can use your Retiree Health Reimbursement Account to pay a specific amount each month up to your total monthly contribution less $10. The amount selected below will be paid each month until your account balance is $0 unless you submit a new application.

☐ I elect to have $ _____ paid from my Retiree Health Reimbursement Account each month. This amount will not change even if the cost of Retiree Coverage changes. I understand the balance of my monthly contribution will be paid by my current contribution method (automatic deduction from my Northwest Carpenters Retirement Plan or billing).

☐ I elect to have the maximum amount paid from my Retiree Health Reimbursement Account each month. The maximum amount is my total monthly contribution less $10. This amount will automatically change each year if the monthly contribution rate changes. This amount will also change if I add or remove a dependent from the plan. I understand the balance of my monthly contribution will be paid by my current contribution method (automatic deduction from my Northwest Carpenters Retirement Plan or billing).

(over, please)

Application Agreement

I have read this application and understand my rights to elect payment from my Retiree Health Reimbursement Account.

Signature _____ Date _____