Benefit Services
SERVING LOCAL UNION 725 & MCASF
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MCASF Local 725 HEALTH & WELFARE RETIREE SUBSIDY BENEFIT ELECTION FORM

MCASF Local 725 Retiree Subsidy Benefit is available to retirees who qualify based upon;

(A) Worked in one (1) of the seven (7) classifications, or have been reported upon pursuant to an appropriate reporting form, for the entire sixty (60) consecutive calendar months preceding retirement; or

(B) For that same sixty (60) consecutive month period preceding retirement, had coverage resulting from a combination of;
  (1) having performed work as described in (A) above;
  (2) having expended available Hour Bank hours;
  (3) having made Supplemental Self-Pay contributions; and/or
  (4) having made COBRA Continuation Coverage payments.

The Retiree Subsidy Benefit is payable for a period of 60 consecutive months (5 years) and is currently reimbursed up to $425.00 and is subject to change, as determined by the Board of Trustees.

I acknowledge that I qualify for this benefit based on the requirements stated above and elect to obtain the Retiree Subsidy Benefit.

Name: _____

Address: _____

City:_____ State: _____ Zip: _____

Date of Birth: _____ Date of Retirement: _____

Job Classification: ___ GF ___ F __R1 __R2 __R5 __MESJ __ MES2
or
Reporting Form: __PHW1 __PTF1 __PTFU

Signature: _____ Date: _____

MCASF Local 725 Health & Welfare Fund Office Only			
Date:	DOB:	DOR:	60 Mths (A):
Start Subsidy:	Coverage:		60 Mths (B):
End of Subsidy:	Ultra Chg:	Mtg List:	Analyst: