



## SHEET METAL WORKERS' NATIONAL PENSION FUND

### 401h MONTHLY MEDICARE BENEFIT

Dear Retiree / Spouse:

This application provides information on the National Pension Fund's ("NPF") 401h Monthly Medicare Benefit program that subsidizes the cost of supplemental Medicare insurance coverage obtained either from your Local Union Health Fund or the National Health Fund. Please be advised that this benefit is only payable directly to your insurance provider.

It is important to note that the NPF does not provide health benefits of any kind. The NPF's responsibility is strictly limited, at this time, to the payment of up to \$31 per month, per retiree and/or eligible spouse to a qualified Local Health Fund or the National Health Fund. The amount of the 401h Monthly Benefit will be the lesser of \$31 or the total monthly premium charged. You are responsible to pay the balance of the monthly premium. The National Pension Fund will only provide this benefit for you (and/or your eligible spouse) for any months in which **all** the eligibility requirements **continue** to be met.

#### ***Who is eligible to Participate?***

To be eligible for the 401h Monthly Benefit from the National Pension Fund you must meet and continue to meet the following conditions:

- You **must** be receiving a pension from the National Pension Fund;
- You **must** be on Medicare Part A and B;
- The Retiree **must** be in continuous good standing as a "retired /disabled" member as provided in the SMART Constitution (limited dues paying members do not qualify), with his/her local union. If the 401h Monthly Medicare Benefit recipient is a Beneficiary (*limited to spouses*), the Retiree must have been in continuous good standing at the time of his or her death and **have his or her membership dues deducted from their NPF monthly pension payment;**
- The Retiree **must** have worked in Covered Employment for at least 3500 hours in the 5 calendar years that immediately precede his Effective Date of Pension in a job classification under a Collective Bargaining Agreement or other agreement that provides that the Contribution Rate on behalf of his or her job classification is at least \$3.20 per hour for Construction Work, or at least \$2.30 per hour for Non-Construction Work. The minimum rates increase each year;
- The Participant has not worked in the Sheet Metal Industry in a position that **was not** covered by a collective bargaining agreement with the Union after September 1, 1988.
- Effective January 1, 2003, if the NPF has been negotiated (or voted) out of a collective bargaining agreement, or the Contribution Rate does not meet the minimums required in the Plan Document, all retirees (and their beneficiaries) from that unit will no longer qualify for this benefit;
- A spouse will lose entitlement to this benefit if he/she remarries;
- A spouse will only be entitled to this benefit if the Participant was a Retiree of this Plan;
- Your insurance coverage is with an Eligible Provider approved by the Board of Trustees.

If you want this benefit, complete the following page. Please send the application and all correspondence to the Sheet Metal Workers' National Pension Fund, 3180 Fairview Park, Suite 400, Falls Church, VA 22042. If you have any questions, you may call on the Fund's toll-free number, 1-800-231-4622.

NPF Pension Benefits Department

**REQUEST FOR 401h MONTHLY MEDICARE BENEFIT**

***You should understand that Retiree health benefits are not protected pension benefits, therefore this \$31 401h Monthly Medicare Benefit can be discontinued at any time.***

I hereby designate the Sheet Metal Workers' National Health Fund or the Eligible Provider listed below as my supplemental insurance provider to receive a monthly payment of \$31.00 (individual) or \$62.00 (retiree and spouse) on my (our) behalf, to be credited toward my (our) monthly premium charged for my (our) supplemental insurance coverage:

Name of Insurance Provider: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

Effective date of Coverage: Retiree \_\_\_\_\_ Spouse \_\_\_\_\_

Monthly Premium Amount: Retiree \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

I further understand that to qualify for this benefit, ***as a retiree***, I must agree to have my membership dues deducted from and hereby authorize the Sheet Metal Workers' National Pension Fund (NPF) to deduct from my monthly benefit the amount my Local Union advises is necessary for me to continue as a member in good standing as of the effective date specified above. I, the undersigned Retiree, certify that I have been duly advised by my Local Union of the amount I am required to pay to continue in good standing. Further, I understand that this designation serves as authorization for any future dues increases necessary to maintain my minimum dues status. ***\*\*Please be advised that beneficiaries, e.g. spouses, do not have to maintain membership dues as a condition of receipt of this benefit.*** This authorization is signed voluntarily. I understand I may cancel this deduction at any time by writing to the NPF at the address listed below; however, I understand that if this occurs I, and if applicable my spouse, will no longer qualify for this 401h subsidy payment. I understand the NPF will not favor or disadvantage me with regard to my monthly pension benefit by reason of my decision whether or not to authorize this deduction.

**GENERAL INFORMATION**

Retiree's Name \_\_\_\_\_ Last four of Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Local # \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

Spouse's Name (if covered) \_\_\_\_\_ Last four of Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Are you receiving any other sheet metal affiliated Pension Fund?  YES  NO

If yes, please provide the name of the pension fund and the date you began receiving benefits:

Name of Pension Fund: \_\_\_\_\_

Date benefit commenced: \_\_\_\_\_

Has the retiree been approved for Social Security Disability Insurance benefits with the U.S. Social Security Administration?  YES  NO If yes, please provide the date the retiree was deemed disabled. \_\_\_\_\_

Have you been a member in good standing of the Union from the later of your effective date of retirement or January 1, 2002?  YES  NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**YOU MUST ENCLOSE WITH THIS APPLICATION:**

- A copy of EACH Enrollee's Medicare card(s) verifying both Part A and Part B coverage; and
- A copy of Retiree's most current Union dues receipt.