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 N	AME			LOCAL
SOCIAL SECURITY No			DATE OF BIRTH	
Address				
L		DESIGNATION OF BE	NEFICIARY	
I HEREBY DES	GIGNATE(B	BENEFICIARY'S NAME)		(RELATIONSHIP)
	(B	SENEFICIARY'S ADDRESS	5)	
AS THE BENEF CEMENT MAS	ICIARY FOR THE BEN	EFITS PROVIDED BY THI	E OHIO CONFERENC	E OF PLASTERERS AND
CHECK ONE: () MEMBER ONLY (UNDER AGE 62) () MEMBER ONLY (BETWEEN AGE 62 AND 64) () MEMBER/SPOUSE (BOTH UNDER 62) () MEMBER/SPOUSE (BOTH BETWEEN 62 AND 64) () MEMBER/SPOUSE (ONE UNDER 62, ONE 62-64) () MEMBER (UNDER 62) / SPOUSE (OVER 65) () MEMBER (BETWEEN 62 - 64) / SPOUSE (OVER 65) () MEMBER/SPOUSE (UNDER SOCIAL SECURITY DISABILITY) () MEMBER ONLY (UNDER SOCIAL SECURITY DISABILITY) The following MUST be completed if not electing coverage for spouse:			\$504.00 \$377.00 \$964.00 \$754.00 \$659.00 \$535.00 TY) \$548.00 \$290.00	
() Decline coverage for my spouse by reason of				_
SIGNATURE			DATE	

RETIREMENT DATE