



OE3 Trust Funds

Health. Security. Service.

Operating Engineers Trust Funds
1640 South Loop Road, Alameda, CA 94502
P.O. Box 23190, Oakland, CA 94623-0190
(800) 251-5014 ♦ OE3trustfunds.org

LATE ENROLLMENT APPLICATION FOR COVERAGE UNDER THE PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND

(For Pensioners Who Did Not Elect Coverage at Retirement)

Date: _____

Board of Trustees
Pensioned Operating Engineers Health and Welfare Trust Fund
1640 South Loop Road
Alameda, CA 94502

Name of Pensioner: _____
(Please Print) First Middle Last

Address: _____
 Street & Number City State Zip Code

Pension Award Date: _____

Social Security Number: _____

I wish to elect Health and Welfare benefits under the Pensioned Operating Engineers Health and Welfare Trust Fund. I understand that to be eligible for coverage:

1. I must provide proof to the Board of Trustees that one of the following life events has occurred no later than the specified amount of time indicated in a. – f. (Please attach the proof to this application):
 - a. I have been continuously covered, since the date of my retirement, under another health insurance policy or program (including coverage through the hour bank of my active Operating Engineers plan, COBRA Continuation Coverage, individual insurance, Medicaid or other public program) and that other health coverage has terminated within the last 31 days; or
 - b. My pension was effective on or after January 1, 1999, I was under age 65 at the time of my retirement and I have turned age 65 within the last 31 days; or
 - c. My pension was effective before January 1, 1999, I was under age 62 at the time of my retirement and I have turned age 62 within the last 31 days; or

- d. I was not entitled to Medicare at the time of my retirement and have become entitled to Medicare within the last 31 days; or
 - e. I have married a new spouse within the last 180 days. (This event allows me to enroll both myself and my new spouse.); or
 - f. I have added a child (birth, adoption, date you become legal guardian, or if stepchild, the date you marry the child's natural parent) within the last 60 days.
2. I must continue to be a dues-paying member of Operating Engineers Local Union No. 3, or pay a service fee equal to the amount of dues required of a retired member; and

If you have any questions regarding these requirements, please contact the Fund Office.

If this application is approved by the Board of Trustees, I hereby authorize the Pension Trust Fund for Operating Engineers to deduct the required monthly amount of \$_____ from my monthly pension check, after my monthly pension benefit becomes due and payable, and to pay this monthly amount to the Pensioned Operating Engineers Health and Welfare Trust Fund, for the purpose of maintaining my Health and Welfare coverage provided by the Fund.

I understand that the Pensioned Operating Engineers Health and Welfare Trust Fund has no enforceable right in, or to my Pension Plan benefit payment or portion thereof, except to the payments actually received by the Health and Welfare Fund pursuant to this authorization. I also understand that I may revoke this authorization at any time, if I notify the Pension Plan, in writing, of my wish to terminate the deduction, and that in the event of such termination, I must make other arrangements for the maintenance of my Health and Welfare coverage or such coverage will terminate.

I understand that this is a one time election and if I terminate coverage or my spouse terminates coverage under this election, I forfeit my right to reenroll in the Pensioned Operating Engineers Health and Welfare Trust Fund (unless I experience another life event as described under Item #1 of this application).

Signature of Pensioner

Date Signed