



Middletown Works Hourly & Salaried
 Union Retirees Health Care Fund
 1201 Crawford Street • Middletown, OH 45044
 PH: (513) 217-4818 • TOLL FREE: (877) 392-9991 • Fax: (513) 672-9622

Pre-Medicare Retiree Opt-Out

Participant Information

(Please print or type clearly)

Name: _____

Social Security Number: _____ Phone Number: _____

Address: _____

I want to postpone/suspend medical and prescription drug coverage for myself **and** my dependents.

I want to postpone/suspend coverage for my dependents only. **Please complete the following:**

Check here if dependent has other coverage or Medicare

 Spouse's Name Social Security Number Birth Date

 Dependent's Name Social Security Number Birth Date

 Dependent's Name Social Security Number Birth Date

This election is effective as of (insert date): _____

Authorization

I choose to suspend medical and prescription drug coverage, as indicated above, under the Middletown Works Hourly and Salaried Union Retirees Health Care Fund as of the effective date above. By signing below, I certify that I understand the rules regarding suspending coverage and understand that proof of other coverage must be provided to resume coverage later.

Participant's Signature: _____ Date: _____

To resume coverage for yourself and/or your dependence, you must:

- *Submit a written application to the Administrative Office within **60 days** following the date the other coverage ends;*
- *Pay the required monthly premium for coverage, at the rate in effect when coverage resumes.*

Return form to:

Middletown Works Hourly and Salaried Union Retirees
 Health Care Fund Administrative Office
 1201 Crawford Street
 Middletown, OH 45044-4575