

# Mahoning & Trumbull County Building Trades Insurance Fund

33 Fitch Boulevard • Austintown, Ohio 44515

Phone: (330) 270-0453



Toll Free: 800-435-2388

## ELECTION OF COVERAGE EARLY RETIREMENT OR PERMANENT DISABILITY

Member's Name \_\_\_\_\_ Local No. \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

### DESIGNATION OF BENEFICIARY

I hereby designate \_\_\_\_\_ (Beneficiary's Name) \_\_\_\_\_ (Relationship)

\_\_\_\_\_  
(Beneficiary's Address)

as the beneficiary for the benefits provided by the Mahoning & Trumbull County Building Trades Insurance Fund.

- CHECK ONE:**
- |                          |  |          |
|--------------------------|--|----------|
| <input type="checkbox"/> | Retiree only (Under Age 65)                                      | \$654.75 |
| <input type="checkbox"/> | Retiree and spouse, both under Age 65                            | \$654.75 |
| <input type="checkbox"/> | Retiree and spouse, both under Age 65<br>With dependent children | \$654.75 |
| <input type="checkbox"/> | Retiree and spouse, one over Age 65                              | \$666.25 |
| <input type="checkbox"/> | Retiree under Age 65 on Medicare                                 | \$400.00 |
| <input type="checkbox"/> | Retiree or spouse, one over Age 65 and<br>One on Medicare        | \$666.25 |

The following **MUST** be completed if not electing coverage for spouse:

Decline coverage for my spouse by reason of \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Retirement Date