

RETIREE HEALTH BENEFIT ENROLLMENT FORM

Pensioner Name: _____ ID #: _____

I. COVERAGE FOR YOURSELF IF MEDICARE-ELIGIBLE

- Option 1 Low Option with Prescription
Option 2 High Option with Prescription
Option 3 I reject coverage for myself (if you check this option, you CANNOT cover your spouse or dependents)

II. COVERAGE FOR MEDICARE-ELIGIBLE SPOUSE

Spouse's Name _____ Social Security No. _____
Date of Birth _____

- Option 1 Low Option with Prescription
Option 2 High Option with Prescription
Option 3 I reject coverage for spouse

III. COVERAGE FOR YOURSELF IF NON-MEDICARE-ELIGIBLE

- Option 1 Plan W-1 Basic
Option 2 Plan W-1 Basic Plus Supplemental
Option 3 I reject coverage

IV. COVERAGE FOR NON-MEDICARE-ELIGIBLE SPOUSE

Spouse's Name _____ Social Security No. _____
Date of Birth _____

- Option 1 Plan W-1 Basic
Option 2 Plan W-1 Basic Plus Supplemental
Option 3 I reject coverage for spouse

V. AUTHORIZATION, PAYMENT OPTIONS & SIGNATURE

Place an X next to the statement which advises the Fund how you will make payment.

I, (name) _____, authorize deductions of the appropriate amounts from my pension check for the above option(s) I have chosen, until I revoke this authorization in writing. If the premium increases, I further authorize deduction of the new amount as determined by the Trustees until I revoke my authorization in writing.

Do not deduct monthly premiums from my pension check. I will make payments myself.

Signature

Date

**For information regarding coverage for non-spouse dependents,
please contact the Fund Office to obtain eligibility rules and rates.**

**Please include a copy of your Medicare Card and your
Spouse's Medicare Card (if applicable) along with this form.**

**BAKERY AND CONFECTIONERY UNION AND
INDUSTRY INTERNATIONAL HEALTH BENEFITS FUND**
10401 Connecticut Avenue – Kensington, Maryland 20895-3960

RETIREE HEALTH BENEFITS UNITEDHEALTHCARE GROUP MEDICARE ADVANTAGE PLAN AND W-1

Retiree Health Benefits Coverage – Eligibility to Receive UnitedHealthcare (UHC) Group Medicare Advantage or W-1 Coverage

Pensioners whose employer provides for W-1 coverage in their Collective Bargaining Agreement, who have worked the required 504 hours under the Plan, and who have met the required eligibility rules as established by the Trustees will be eligible to receive UHC/W-1 coverage if they pay monthly premiums. UHC/W-1 coverage is also available for dependents.

The cost of the coverage will be established by the Trustees of the Fund. The cost is based on the age of the individual(s) covered under the UHC/W-1 Plan and the employer's continued participation in the W-1 Plan. There is a different cost for individuals under age 65, and for individuals age 65 and over or covered by Medicare.

When to Enroll: If you are **65 years of age or older** on your effective date of pension, you must opt to take the coverage at the time you receive your first monthly pension check or within 90 days after your coverage ends under any other group health plan (including continuation coverage under COBRA). **If you do not sign up for coverage at one of these times you will not be eligible to enroll at any later date.**

If you are **under age 65**, you must elect to take the coverage at any of the following four times: (a) at the time you receive your first pension check; (b) within 90 days after your coverage under any other group health plan ends (including continuation coverage under COBRA); (c) during the 90 days following the date on which you enroll in Medicare Part A and B prior to age 65; and, (d) when you reach age 65. An enrollment form will be sent to you prior to your 65th birthday, at which time you can accept or reject the coverage at age 65. **If you do not enroll in the Plan at one of these four times you will not be eligible to enroll at any other date.**

Please note: Under options (a), (b) and (c) it is your responsibility to contact the Fund within 90 days of the event and request coverage. If you fail to notify the Fund within the 90-day period, you cannot enroll in the Plan until age 65. Enclosed is a book, which contains the Summary Plan Description and Rules and Regulations of the W-1 Plan. For enrollment rules, please refer to Article 2 and Article 3, Sections 3.2(b)(2) and 3.3.

When to Enroll Dependents: You must generally enroll your dependents at the same time you enroll yourself, with the following exceptions: (1) If you have a dependent who is eligible for coverage under the Fund as an active employee or dependent of an active employee, that dependent is not eligible under the UHC/W-1 Plan. You may enroll your dependent at any time during the 90 days following the date on which the dependent's coverage under the Fund, including any extension of coverage that your dependent elects under COBRA, ceases. (2) If you have a dependent who is covered under another group health plan sponsored by an employer, you may enroll the dependent at any time during the 90 days following the date on which that dependent's coverage under the other group health plan, including any extension of coverage that your dependent elects under COBRA, ceases. (3) If you become a pensioner and enroll in the W-1 Plan before you reach age 65, you may defer enrolling your dependents until you reach age 65. (4) If you become a pensioner before age 65, elect to defer enrollment, and die before reaching age 65, your surviving spouse may enroll himself or herself (and any dependents that were your dependents when you died) upon reaching age 65, or if your spouse is already 65, within 90 days following your death. (5) If, after you enroll, you marry or re-marry, or acquire a new dependent child under the age of 19, you may enroll your new dependent no later than 90 days from the date that person becomes a dependent. **If you do not enroll your dependent during this 90-day period, you will not be eligible to enroll your dependent at any later date.**

W-1 Supplemental Major Medical – Non Medicare Eligible Participants Only

You may elect supplemental coverage to increase your lifetime maximum benefits to \$100,000 by paying an additional monthly premium. The amount of the premium is determined by the Board of Trustees and varies from time to time.

When to Enroll: You must elect the supplemental coverage upon your enrollment in the W-1 Plan. If you do not elect the supplemental coverage at that time or if you elect the supplemental coverage and later discontinue it, you may not elect it at a later date.

When to Enroll Your Spouse: If your spouse is covered for Plan W-1 Benefits, you may also elect the supplemental coverage for your spouse. (Supplemental coverage is not available for dependents other than your spouse.) If you do not elect the supplemental coverage for your spouse upon enrollment, or you elect the supplemental coverage for your spouse and later discontinue it, you may not elect it at a later date.