

**Toledo Electrical Welfare Fund**

**Waiver of Participation**

**Early Retiree**

? I hereby waive medical and prescription drug coverage under the Toledo Electrical Welfare Fund for myself and family members.

**Affirmation of Alternate Coverage**

I affirm that I and/or my spouse and any dependents, have core medical coverage under another employer's plan (e.g., a medical plan provided by a spouse's employer). The alternate coverage is provided through:

Relative Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Employer: \_\_\_\_\_

Plan Carrier/Administrator: \_\_\_\_\_

I understand that if I decide to enroll or add family members at a later date that I and/or my eligible family will be subject to the policies and procedures of the Toledo Electrical Welfare Fund.

I also understand that this election is irrevocable during the Plan year and may only be changed in the event of a change in family status...legal marriage, divorce, birth or adoption of a child, and termination of employment of a spouse (see pages 1 and 2 for a complete list). Should I wish to change my election for further Plan years, I am required to submit a new election form by April 30 of each year. Otherwise, election will automatically renew until such time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

