



Ontario Ironworkers Benefit Plan

Benefit Option Form for Qualified Pensioners Age 60 and Over

Instructions

You must meet the following requirements to qualify for retiree coverage:

- You were covered by the benefit plan immediately before your retirement.
- You are receiving a retirement pension from the Ironworkers plan.
- You had at least 50 months of benefit coverage during the 10 years immediately before you retired with not more than 36 months of pay-direct and subsidized benefits (a minimum of 14 months coverage must be from your hour bank).
- You were a union member for 10 continuous years immediately before you retired.
- You are still a union or honorary member, or you are at least age 65 and have taken or applied for a withdrawal from the union local.

Please complete this form and return the original to:

Ontario Ironworkers/Rodmen Benefit Plan Administrators Corporation
111 Sheppard Avenue East, North York, Ontario M2N 6S2
Telephone 416-223-0383 or 1-800-387-8075

1. Pensioner Details

S.I.N. or Member Certificate Number: _____ Union Local: _____

Last Name: _____ Trade: _____

First Name: _____ Middle Name: _____

Date of Birth: _____ Sex: Male Female
Day / Month / Year

Marital Status: Single Married Divorced/Separated Widowed

Complete Mailing Address – Street: _____ Phone #: _____

City/Town: _____ Province: _____ Postal Code: _____

Country: _____ Email Address: _____

2. Pensioner Benefit Options

Check your choice of option. Check one only. You may drop down to a lower option at a later date, but you will not be allowed to move up to better coverage. Please note pensioners are not eligible for disability benefits.

Option 1: Full coverage for you, your spouse and children for \$81.00 per month (includes tax): same coverage as active members except life and accident insurance are reduced to \$10,000 each and disability benefits are excluded.

Option 2: Partial coverage for you, your spouse and children for \$60.00 per month (includes tax): same as Option 1 except crowns and bridges are excluded under the dental plan.

Option 3: Life and accident insurance for you only for \$12.20 per month (includes tax): this provides \$10,000 each of life and accident insurance.

Option 4: No coverage: I understand the decision to stop coverage is permanent and I cannot change my mind at a later date.

Signature: _____ Date: _____

3. Authorization

If you have chosen option 1, 2 or 3, you must sign below.

I authorize the deduction of the above payment from my monthly pension.

Signature: _____ Date: _____