



SOUTHERN CALIFORNIA IBEW-NECA TRUST FUNDS

Street Address: 6023 Garfield Avenue, City of Commerce, CA 90040

Mailing Address: P. O. Box 910918, Los Angeles, CA 90091

Phone: (323) 221-5861 or (800) 824-6935; Fax: (323) 726-3520



HEALTH HOURS ESTIMATION REQUEST

Local No. _____

Name _____
(Last) (First) (Middle)

Social Security No. _____

Address _____
(Street) (City) (State) (Zip)

Telephone (____) _____ Date of Birth _____

RETIREE HEALTH PLAN ELIGIBILITY REQUIREMENTS

ELIGIBLE RETIREES

You are eligible for the Retiree Health Plan **if** you are a Local Union 11 pensioner who has retired and receives benefits from the Southern California IBEW-NECA Pension Plan, **and if** you meet the following requirements **as of the original pension effective date**:

1. You are 55 years old or older (*) and have accumulated at least 25 years of Credited Service under the Southern California IBEW-NECA Pension Plan,

OR

- You are 62 years old or older and have accumulated at least 10 years of Credited Service under the Pension Plan.

AND

2. At the time of your retirement, you have accumulated at least 10,500 hours contributed to the Southern California IBEW-NECA Health Plan (including Health hours sent through I.O. reciprocity) in 7 of the 10 years immediately preceding the date of your retirement,

OR

3. At the time of your retirement, you have accumulated at least 30,000 hours contributed to the Southern California IBEW-NECA Health Plan (includes Health hours sent through the I.O. reciprocity).

AND

4. You elect coverage and pay a portion of the cost of your benefits (self-payment) and those of your spouse, as explained on page 27 of the Retiree Health Plan Summary Plan Description.

AND

5. You have **not** engaged in Non-Covered Electrical Employment since first attaining initial eligibility for coverage under the Active Health Plan.

***Note:** Those retiring between the ages of 50-55 on or after July 1, 2000 may qualify by working under the maintenance program as explained in the enclosed notice.

TOTAL DISABILITY OR PARTIAL DISABILITY RETIREES

A Total Disability retiree need only meet requirements 2, 4, and 5 or 3, 4 and 5. A Partial Disability retiree must be at least age 50 and need only meet requirements 2, 4, and 5 or 3,4 and 5.

RETIREMENT – Check **one** only

Request review of Health Hours for a participant taking early or normal retirement from Pension Fund.

Request review of Health Hours for a participant taking disability retirement from Pension Fund.

X _____
Participant Signature Printed Name Date Signed

Office Use Only: Current Eligibility: _____ Effective Date: _____ Initials/Date: _____