SOUTHERN CALIFORNIA IBEW-NECA TRUST FUNDS
100 Corson Street, Suite #200, Pasadena, CA 91103
Phone: (323) 221-5861 or (800) 824-6935
Fax: (323) 726-3520
Mailing Address:
P.O. Box 6652
Pasadena, CA 91109

Website: www.scibew-neca.org

Website: www.scibew-neca.org

SOUTHERN CALIFORNIA IBEW-NECA RETIREE HEALTH PLAN

Return by:_____ APPLICATION Date sent: _____

The Administrative Trust Funds Office will make a determination on your eligibility following receipt of the completed application.

Last Name	First Name	M.I.	Social Security Number		
Street Address – **Do Not Use** P.O. Box Apt #	City	State	Zip Code	Phone Number ( )	
Male ☐ Female ☐	Date of Birth:	Single ☐	Married ☐ Date _____	Divorced ☐	Widowed ☐
Is there a language, other than English, that is your language of choice?:	No ☐	Yes ☐ Language: _____	Decline to respond ☐		
For your spouse, is there a language, other than English, that is the language of choice?	No ☐	Yes ☐ Language: _____	Decline to respond ☐		

Any necessary documentation not already on file with the Administrative Trust Funds Office will be requested upon processing of this application.

Please complete information below:

	LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	DATE OF BIRTH
YOU					
☐ Female Spouse ☐ Male Spouse					

If you or your spouse are totally disabled or enrolled in Medicare A and/or B, please indicate: ☐ Totally Disabled Medicare ☐ A&B ☐ D
[*Please provide copy of Medicare Card*]

Name: _____ Effective date: _____

X_____
Participant Signature Printed Name Date Signed

X_____
Spouse Signature Printed Name Date Signed

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

Comments: _____

See reverse side to complete (over) →

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HEALTH HOURS ESTIMATION REQUEST

Last Name	First Name	M.I.	Social Security Number				-			-				
Street Address – **Do Not Use** P.O. Box Apt #	City	State	Zip Code											
													Phone Number ( )	

Male ☐ Female ☐	Date of Birth:	Single ☐	Married ☐ Date: _____	Divorced ☐	Widowed ☐

RETIREE HEALTH PLAN ELIGIBILITY REQUIREMENTS

ELIGIBLE RETIREES - You are eligible for the Retiree Health Plan **if** you meet the following requirements **as of the original pension effective date**:

For Early Retirement:

Early Retirees who have attained **age 56** and are awarded an unreduced early retirement benefit from the Southern California IBEW-NECA Defined Benefit Plan, have had at least **44,500 hours** under a Collective Bargaining Agreement requiring Retiree Health Plan contributions (includes Health hours credited through reciprocity), and of those total hours, **10,500 hours** must have been worked in **7 of the 10 years immediately** preceding the date of retirement.

For Normal Retirement:

Normal Retirees retiring on and after **age 62** under the Southern California IBEW-NECA Defined Benefit Plan, Retiree Health Plan eligibility is limited to such individuals who have at least **10 years** of credited service under the Pension Plan and have had **10,500 health hours** under a Collective Bargaining Agreement requiring Retiree Health Plan contributions (includes Health hours credited through reciprocity) in **7 of the 10 years** immediately preceding the date of retirement.

IMPORTANT NOTE:
No disability benefit options are available under the Retiree Health Plan.
You will need to be eligible for Retiree Health Plan as an Early or Normal Retiree.

PARTICIPANT SIGNATURE	PRINTED NAME	DATE SIGNED