

**SAN FRANCISCO ELECTRICAL WORKERS HEALTH AND WELFARE
TRUST FUND**

**720 Market Street, Suite 700, San Francisco, CA 94102
Phone (415) 263-3670 ♦ Fax (415) 263-3672**

**APPLICATION FOR
EARLY RETIREE MEMBERSHIP**

Name: _____
(Last) (First) (Middle)

Social Security No.: _____

Address: _____
(Street) (Apt. #)

(City) (State) (Zip Code)

Phone Number: _____

Date of Birth: _____

Acknowledgement:

I acknowledge reading the summary of the plan provisions relating to the Early Retiree Membership in the Plan and understand the rules for continuing my coverage. I further acknowledge that if I return to employment in the electrical industry for a non contributory employer, it will result in cancellation of my coverage under this Plan without right to reinstatement and will obligate me to reimburse the Plan for any benefits paid on my family's behalf during any period of such employment.

I understand that, unless I satisfy the requirements to qualify for "full retiree membership" status at age 62, I will not qualify for retiree coverage unless I continue to make early retiree self payments until age 62 and, thereafter, retiree self payments from ages 62 through 65 if required to do so.

I understand that the fact I am paying into this plan does not guarantee any future participation and that the Trustees at their sole discretion may amend or terminate the retiree program at any time.

SIGNED _____ DATE _____