



1901 Las Vegas Blvd. South Suite 107
 Las Vegas, NV 89104
 (702) 733-9938
 www.culinaryhealthfund.org

Note: You must be 'vested' in order to complete this application.

| RETIREE INFORMATION | | | |
|--|------------------------|---|------|
| Last Name: | First Name: | Middle Initial: | |
| Address: | City: | State: | Zip: |
| Social Security: | Home Phone Number: | Date of Birth: | |
| Please Select one of the following Plans: | | | |
| <input type="checkbox"/> | Retiree Only | \$114.00 / 2 months coverage | |
| <input type="checkbox"/> | Retiree Plus Dependent | \$143.00 / 2 months coverage | |
| <input type="checkbox"/> | Retiree Plus Family | \$150.00 / 2 months coverage | |
| ELIGIBLE DEPENDENTS (List only those who will be covered under the retiree self-pay plan) | | | |
| Spouse Last Name: | First Name: | Birth Date: | |
| Children Last Name: | First Name: | Birth Date: | |
| Last Name: | First Name: | Birth Date: | |
| Last Name: | First Name: | Birth Date: | |
| RETIREMENT INFORMATION | | | |
| Date of Retirement: (MM/DD/YYYY) | Last Employer: | Pension Received? <input type="checkbox"/> Yes <input type="checkbox"/> No (please Explain) _____ | |

- I am fully retired from the workforce, and as such, will lose my active eligibility status.
- I am between the ages of 62 and 65 years.
- I understand that retiree eligibility does **not** cover dental, disability and life insurance.
- I and my covered dependents are **not** eligible (enroll or not) for Medicare Benefits.

Signature of Eligible Retiree

Date

Payments can only be made until the participants or any qualified dependents are eligible for Medicare. At this time, they will lose their eligibility completely. Payments are due the last day of each of the following months: February, April, June, August, October, and December with no lapse. Payment must be received in this office or postmarked no later than the last day of these months.