EARLY RETIREE ELECTION FORM
MICHIGAN CARPENTERS' HEALTH CARE FUND

I have read and understand the provisions for continuing coverage. I have checked the type of coverage elected below. I understand that once a type of coverage is elected, it may not be changed at a later date. I also understand that no Death Benefits of any type are provided with COBRA Continuation Coverage. It is the intent of the Board of Trustees to periodically review these rates and make appropriate adjustments.

THIS FORM MUST BE COMPLETED AND RETURNED IN ORDER TO BE ELIGIBLE FOR COVERAGE.

Are you, or any of your dependents, currently covered by another group health care plan(s)? YES NO

If YES, list names of dependents covered by the other plan(s):

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If YES, indicate name(s) of plan(s):

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Are you, or any of your dependents, currently eligible for Medicare benefits? YES NO

If YES, please send a copy of your Medicare card.

I elect to purchase the coverage listed below:

ALTERNATIVE MINIMUM COVERAGE

Basic Services only & Vision (See Benefits at a Glance to see what is covered) at the rate of **$342** per month

EARLY RETIREE SELF-PAYMENTS –Full Coverage *

Health Care & Vision Benefits at the rate of **$728.00** per month

COBRA CONTINUATION COVERAGE (Limited to 18 months only. Not eligible if you have any other coverage)

Health Care & Vision Benefits at the rate of **$753.13**, per month.

TO INCLUDE DENTAL COVERAGE (FOR EARLY RETIREE AND COBRA COVERAGE), add an additional

$21.50 for Single member
$51.59 for 2 member family
$64.49 for 3+ member family
No I do not want Dental coverage

DECLINATION OF COVERAGE

I do not desire to purchase Alternative Minimum Coverage, Early Retiree Self-Payment Coverage, COBRA Continuation Coverage, or Dental Coverage.

____

Signature of Participant | Name of Participant (printed)

______________________________ | ______________________________

ID Number of Participant | Date Signed

-OVER-

List Individuals to be covered:

Name	Relationship	Date of Birth

*For rates for Disabled members or members with Medicare, please contact the Fund Office.