

ASBESTOS WORKERS UNION LOCAL 42 PENSION FUND
7130 Columbia Gateway Drive, Suite A
Columbia, MD 21046
TELEPHONE (410) 872-9500
FAX (410) 872-1275

**APPLICATION
FOR PENSION**

(PLEASE PRINT ALL INFORMATION CLEARLY)

(Please read instructions before completing this application)

This booklet includes a brief description of some of the provisions of the Pension Plan. For more detailed and specific provisions of the Plan you should refer to the Summary Plan Description for an everyday language description of the plan and refer to the plan itself for a more technical description of the plan provisions, which are controlling.

Federal Law requires that the benefit Election Form must be completed within the 180-day period ending prior to your Benefit Commencement Date. "Benefit Commencement Date" is the date you want your pension to start – not the date you receive your first pension check, which is usually later than the Benefit Commencement Date due to the administrative delay in getting your benefit started.

Enclosures: Tax Form W-4P
Direct Deposit Form
Conversion Notice

PROCEDURE FOR STARTING YOUR PENSION BENEFIT

This booklet consists of the following parts:

1. Application for Pension
2. Retirement Declarations
3. Forms of Pension Payment
 - A. Explanation of Forms of Pension Payment
 - B. Benefit Election Form
4. Pensioner Eligibility for Medical & Death Benefits
5. Deduction Authorization

Before your pension payments can begin, you must complete the Pension Application Form and the Benefit Election Form and return them to the Fund Office.

The following items are necessary to process your application and should be mailed to the Fund Office with your application or as soon as possible thereafter. Proof of age documents are explained on page 3 of this application.

1. Birth Certificate (Self)
2. Birth Certificate for Spouse (If Married)
3. Marriage Certificate (If Married)
4. Divorce Decree (If Divorced)
5. Death Certificate (If Spouse is Deceased)
6. If you are applying for a **Disability Pension** you are required as soon as possible to furnish proof of an award of Federal Social Security Disability benefits but do not delay submitting your application until after you receive your Social Security Disability Award.

Before you complete the Benefit Election Form, it is important that you understand the three forms of pension payment available to you. The Explanation of Forms of Pension Payment has been prepared to help you become familiar with the forms. The explanation includes information showing the relative financial effect of electing either form of pension payment.

As you can see from the above, it will generally be necessary for you to furnish the Fund Office with your completed Pension Application Form and your Benefit Election Form well before your Benefit Commencement Date. Because of this, if you do not file early it may not be possible for the Fund Office to provide you with actual benefit information prior to completing the forms. Also, because we may not have all the information to calculate your pension to the penny (because we don't have the last employer contributions which may affect the benefit) we will start payments based upon the information on hand and when we receive later information we will adjust the pension retroactively. If you wish to receive actual benefit information, in some cases it may delay your benefit commencement date.

To insure your application is processed promptly it is imperative that you carefully complete the application and return all necessary documents and completed forms. Delay in submitting this application and all required documentation may result in your losing benefits to which you are otherwise entitled.

The Board of Trustees will be the final judge of your eligibility for a pension, and you will be advised of their decision on your case in writing. Written acknowledgement of receipt of your pension application will be sent to you.

PENSION APPLICATION

The pension application form on the following page must be filed within the 180-day period ending prior to your Benefit Commencement Date.

After entering your age on your last birthday, arrange to obtain and attach to the application proof of your age. One of the types of proof of age listed below must be furnished. **Proof as high in order on the list as possible should be submitted if you have it because such proof is generally more convincing.** For instance, if you have or can readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. If you do not have either of these proofs, or they are not readily obtainable, try to submit the proof listed below in order, rather than the one low on the list. You must attach a photostatic copy of proof of age, except that you are cautioned that photostats of NATURALIZATION PAPERS, UNITED STATES PASSPORTS, AND IMMIGRATION PAPERS *may not be photostated*. If any of these is the only proof of age you have, submit the original and it will be returned to you.

1. Birth certificate.
2. Baptismal certificates or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. Document showing approval of Social Security pension.
7. A foreign church or government record.
8. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
9. Naturalization record (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
10. Immigration papers (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
11. Military record.
12. Passport (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
13. School record, certified by the custodian of such record.
14. Vaccination record, certified by the custodian of such record.
15. An insurance policy which shows the age or date of birth.
16. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record; or marriage certificate).
17. Other evidence such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

ASBESTOS WORKERS UNION LOCAL 42 PENSION FUND

PART I - PENSION APPLICATION

(Please print or type)

1. NAME (Last, First, Middle)	2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH
4. HOME ADDRESS (<i>Number, Street or Rural Route</i>)	5. HOME TELEPHONE NUMBER	
6. CITY, TOWN OR POST OFFICE	STATE	ZIP
7. LOCAL UNION NUMBER		
8. DATE YOU PLAN TO RETIRE (<i>month, day, year</i>)	9. ARE YOU WORKING AT THE PRESENT TIME? <input type="checkbox"/> YES (<i>Name of present employer</i>) _____ <input type="checkbox"/> NO (<i>Name of last employer</i>) _____	
10. DATE STOPPED WORKING OR PLAN TO STOP WORK		
11. SPOUSE'S INFORMATION:		
NAME:	SSN:	DATE OF BIRTH:
12. TYPE OF PENSION REQUESTING <input type="checkbox"/> NORMAL <input type="checkbox"/> EARLY <input type="checkbox"/> EARLY UNREDUCED <input type="checkbox"/> DISABILITY (<i>If Disability complete below</i>)		
DISABILITY PENSION		
13. NATURE OF DISABILITY (<i>Attach medical report from your physician if you have not received a social security disability award</i>)	14. DATE OF DISABILITY OCCURRED	15. DATE ON WHICH YOU CEASED WORKING (<i>month, day, year</i>)
16. HAVE YOU APPLIED FOR A SOCIAL SECURITY AWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, attach a copy of award to this application) (If NO, you must apply to Social Security and receive award before action can be taken)		
17. IS THIS DISABILITY COVERED BY THE WORKER'S COMPENSATION LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO		
18. ARE YOU NOW RECEIVING WORKER'S COMPENSATION BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, attach a copy of award to this application)		
19. DO YOU HAVE A CLAIM PENDING FOR WORKER'S COMPENSATION BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, attach a copy of award to this application)		
20. HAVE YOU RECEIVED A WORKER'S COMPENSATION LUMP SUM SETTLEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ((If YES, please enter the amount \$ _____)		

COMPLETE THIS PAGE ONLY IF YOU ARE UNDER AGE 65

PART II – A

RETIREMENT DECLARATION UNDER AGE 65

Upon retiring on a pension from the Asbestos Workers Union Local 42 Pension Fund, I understand that I will be bound by the rules and regulations of the Pension Plan (see Summary Plan Description for Disqualifying Employment) as they now exist or are hereafter amended and that:

1. I have withdrawn or will withdraw before retiring from any employment, self-employment or supervisory employment for wage or profit which is under the work jurisdiction of the Union, unless the supervisory work is with an employer under this Plan or contributing employer under a plan with which this Plan has a reciprocal agreement and a period of 90 days has elapsed from the time the Participant has retired and terminated employment until the date the retired Participant returns to work.
2. I understand that if I engage in any type of employment in the jurisdiction of the Union for wage or profit:
 - a. my pension will stop.
 - b. I must notify the Trustees in writing by letter or form provided by the Trustees before I engage in any employment for wage or profit.
 - c. my pension will be resumed in the same amount and under the same conditions at the beginning of the seventh month after I have ceased all employment and have so notified the Fund Office (no pension is payable for six months following the termination of such Disqualifying Employment).
3. I understand I will be requested annually in writing to certify that I have not worked at all for any wage or profit.
4. If I am on a disability pension and recover from the disability, I understand my monthly pension will be discontinued and I shall be credited with my total accrued service in effect at the time my disability began.
5. I understand that I must personally endorse each check unless I have made provisions for direct deposit in a banking institution. Contact the Fund Office for the detailed regulations for direct deposit.

Sign on This Line

Date

Print Your Name

COMPLETE THIS PAGE ONLY IF YOU ARE AGE 65 OR OLDER

PART II - B

RETIREMENT DECLARATION AGE 65 AND OVER

Upon retiring on a pension from the Asbestos Workers Union Local 42 Pension Fund, I understand that I will be bound by the rules and regulations of the Pension Plan (see Summary Plan Description for Disqualifying Employment) as they now exist or are hereafter amended and that:

1. If I accept employment doing work covered by the negotiated agreement, I will notify the Fund Office in writing within 15 days after I enter upon such employment or activity on a form provided by the Trustees.
2. I understand that my Pension Benefits shall resume on the first day of the third calendar month after I have stopped working in Totally Disqualifying Employment, provided I have notified the Pension Fund in writing that I have stopped.
3. I understand that if the Pension Fund paid my Pension for any month in which I was working in Totally Disqualifying Employment, the Trustees may deduct the amount improperly paid from resumed payments, 100% may be deducted from the initial resumed payment and 25% from each subsequent monthly pension check.
4. I understand that if I work in Totally Disqualifying Employment for a Contributing Employer, I may receive credit for such service if I work sufficient hours but any pension will be recalculated only once a year.
5. I understand that I will be requested to certify annually in writing that I have not worked in employment requiring my pension be suspended or that I have notified the Fund of such work.
6. I understand the Trustees may presume Totally Disqualifying Employment of 40 or more hours a month if I work at certain construction sites.
7. I understand that I must personally endorse each check unless I have made provisions for direct deposit in a banking institution. Contact the Fund Office for the detailed regulations for direct deposit.

Sign on This Line

Date

Print Your Name

PART III - A

EXPLANATION OF FORMS OF PENSION PAYMENT

INTRODUCTION

This Plan provides for three forms of Pension benefits: The Basic Single Benefit or the 50% or 75% Husband & Wife Benefit. If you are not married on your Benefit Commencement Date, you will automatically receive your pension under the Basic Single Benefit. However, under Federal law, if you are married on your Benefit Commencement Date, your pension will automatically be paid under the 50% Husband and Wife Benefit unless you reject this form and elect the Basic Single Benefit form or 75% Husband and Wife form of payment with your spouse's consent.

If you are married, for various personal reasons, you may prefer not to take your pension in the 50% Husband and Wife form. Such choice must be made in writing before your Benefit Commencement Date. You can cancel or change your choice at any time before your Benefit Commencement Date. In addition, you have the right to decide not to begin receiving your pension, at any time prior to the Benefit Commencement Date.

Basic Single Benefit

This type of pension provides a monthly pension payable to you for the rest of your life. If at the time of your death you have received less than 180 monthly payments, your spouse would be entitled to a Surviving Spouses Benefit which would entitle your spouse to receive \$300.00 a month until a total of 180 monthly payments have been received by you and your spouse combined or until your spouse dies or remarries, whichever occurs first. Benefits may also be payable on behalf of unmarried dependent children under the specific provisions as provided in the Summary Plan Description.

50% Husband and Wife Benefit

This type of pension means you would receive a reduced pension during your lifetime, with 50 percent of your pension being continued to your spouse for the rest of his or her lifetime. If your spouse should predecease you, your benefit will automatically return to the amount payable under the basic Single Benefit (Plan A) effective the first of the month following your spouse's death (Provided you notify the Fund Office of your spouse's death within one year of your spouse's death). The new amount will be payable to you for the remainder of your lifetime. Benefits may also be payable on behalf of unmarried dependent children under the specific provisions as provided in the Summary Plan Description.

If the 50% Husband and Wife Benefit applies to you, the amount which would have been payable under the Basic Single Benefit will be converted to a Husband and Wife Benefit. The amount of the benefit payable under the 50% Husband and Wife Benefit depends upon your age and the age of your spouse on your Commencement Date. The following provides the reduction that may be expected in the amount of the monthly benefit.

75% Husband and Wife Benefit

This type of pension means you would receive a reduced pension during your lifetime, with 75 percent of your pension being continued to your spouse for the rest of his or her lifetime. If your spouse should predecease you, your benefit will automatically return to the amount payable under the basic Single Benefit (Plan A) effective the first of the month following your spouse's death (Provided you notify the Fund Office of your spouse's death within one year of your spouse's death). The new amount will be payable to you for the remainder of your lifetime. Benefits may also be payable on behalf of unmarried dependent children under the specific provisions as provided in the Summary Plan Description.

If the 75% Husband and Wife Benefit applies to you, the amount which would have been payable under the Basic Single Benefit will be converted to a Husband and Wife Benefit. The amount of the benefit payable under the 75% Husband and Wife Benefit depends upon your age and the age of your spouse on your Commencement Date. The following provides the reduction that may be expected in the amount of the monthly benefit.

EXAMPLE

Assumptions: Basic Single benefit = \$1,000

Participant Age Date of Retirement - 65

Spouse Age Date of Retirement - 62

	<u>Basic Single Benefit</u>	<u>50% Husband and Wife</u>	<u>75% Husband and Wife</u>
Conversion Factor from Actuarial Table	N/A		
Monthly Benefit to Participant While Both Participant and Spouse Alive	\$1,000.00	\$ 918.50	\$ 821.80
Monthly Benefit to Spouse if Participant Predeceases Spouse	\$ 300.00	\$ 459.25	\$ 616.35
Monthly Benefit to Participant if Spouse Predeceases Participant	\$1,000.00	\$ 1,000.00	\$ 1,000.00

* See Summary Plan Description for limitations

PART III - B
BENEFIT ELECTION FORM OF PAYMENT OF RETIREMENT PENSION

Section A - Personal

My requested Benefit Commencement Date is _____. This date will be the first day of the month to coincide with or next following the date you satisfy all of the conditions for entitlement to a pension, including termination of covered employment.

Section B - Form of Payment (Initial one line below)

_____ Basic Single Benefit. (See page 7)

_____ 50% Husband & Wife Benefit with Pop-Up.

_____ 75% Husband & Wife Benefit with Pop-Up.

_____ I wish to obtain specific benefit calculations and will wait until I receive this information to make my benefit election. I understand that this, in some cases, could affect the date I receive my first check. (Only applies to married applications)

If you checked a Husband and Wife Benefit, please print:

Spouse's name here: _____

Spouse's Signature: _____

Spouse's Social Security Number: _____

Spouse's Date of Birth: _____

Section C - Certification of Marital Status (Only complete this section if you have elected the Basic Single Benefit.)

I understand that the law provides that if I am married at the time I begin receiving my pension under the Plan, my spouse must be provided a pension for his or her life after I die unless my spouse and I elect to waive the spousal benefit within the 90-day period ending on my Benefit Commencement Date. I understand that this spousal benefit is automatically provided under Plan B with my spouse as beneficiary. Finally, I understand that I may revoke my election at any time before my Benefit Commencement Date.

I certify that: *(Initial one line only)*

_____ I am not legally married at this time. In the event I marry on or before my Benefit Commencement Date, I will notify you. (Please provide the Fund Office copy of divorce decree, separation agreement, or death certificate if you have ever been married.)

_____ I am unable to locate my spouse. (The Fund Office will contact you to obtain additional information.)

_____ The person signing Part III, Section E - Spouse's Statement is my legal spouse. (Attach spouse's birth certificate and marriage certificate).

Section D - Signature

I acknowledge that I have completed Sections A and B, and C (if applicable).

I hereby certify that the information is true and correct to the best of my knowledge and belief, I understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Print Your Name

Date

Sign Your Name

Date

Signature of Witness (Not spouse)

Date

Section E - Automatic 50% Husband and Wife Benefit Rejection Form

This part must be completed and signed by you and your spouse IF YOU DO NOT ELECT A 50% HUSBAND AND WIFE BENEFIT.

DO NOT sign this section until both of you present yourself personally to a Notary, Trustee, or a Plan Representative in the Fund Office. You will be required to provide adequate identification. If you elect to sign this form in front of a Plan Representative, the identification document provided by you must be copied for future reference and kept with the Administrator's Records.

PARTICIPANT'S STATEMENT

I do not wish to receive my pension benefits in the form of automatic 50% Husband and Wife pension.

I understand that rejecting the automatic 50% Husband and Wife pension and electing the "180 Month Payment Guarantee" Benefit means that no pension benefits will be paid to my spouse by the Pension Plan after my death, unless I die before I have received 180 monthly payments, in which event my spouse will receive a monthly benefit of \$300.00 until a combined total of 180 monthly benefits have been paid or until my spouse dies or remarries whichever occurs first.

I understand that rejecting the automatic 50% Husband and Wife pension and electing the "75% Husband and Wife w/Pop-Up" Benefit means that the pension paid to me while I am living may be lower than it would be if I had the 50% Husband and Wife option. It also means that a pension benefit will still be paid to my spouse by the Pension Plan after my death, but in an amount equal to 75% of the benefit payable during my lifetime.

Benefits may also be payable on behalf of unmarried dependent children under the specific provisions as provided in the Summary Plan Description.

(INITIAL ONE)

I hereby state that the person co-signing this document, at the end of this form, is my current legal spouse.

I hereby state that I am unable to locate my spouse. (Additional proof is required if you initial this selection.)

I HEREBY ELECT MY BENEFIT TO BE PAID IN THE FOLLOWING FORM:

Basic Single Benefit As Described in the Explanation of Forms of Pension Payment (Part III-A)

75% Husband & Wife w/ Pop-Up Benefit As Described in the Explanation of Forms of Pension Payment (Part III-A)

Date

Print Your Name

Sign Your Name

**ONLY COMPLETE THIS SECTION IF SPOUSE WAIVES THE AUTOMATIC 50%
HUSBAND & WIFE BENEFIT
SPOUSE'S STATEMENT**

I, _____, state that I am the legal spouse of the participant named above. I have reviewed my spouse's benefit election form (Part III-B). I HEREBY CONSENT TO MY SPOUSE'S REJECTION OF THE 50% HUSBAND AND WIFE PENSION.

If my spouse elects the "Basic Single" Benefit, I understand that as a result, I will not be paid a pension from the Pension Plan after my spouse's death (unless my spouse dies before receiving 180 monthly payments, in which event I will receive a monthly benefit of \$300.00 until a combined total of 180 monthly benefits have been paid or until I die or remarry, whichever occurs first. I further recognize that because of this rejection, the pension paid to my spouse while he or she is living may be higher than it would be if I had the 50% Husband and Wife benefit protection. I further recognize that if I had the 50% Husband and Wife Benefit payable after my spouse's death, it would not terminate if I remarried.

If my spouse elects the "75% Husband and Wife w/Pop-Up " Benefit, I understand that I will be paid a pension from the Pension Plan after my spouse's death in the amount of 75% of the benefit payable to my spouse while he or she was living. I understand that, like the "50% Husband and Wife" Benefit, this benefit will not terminate if I remarry. I further recognize that because of this rejection, the pension paid to my spouse while he or she is living may be lower than it would be if my spouse elected the "50% Husband and Wife" benefit.

Benefits may also be payable on behalf of unmarried dependent children under the specific provisions as provided in the Summary Plan Description.

Date

Print Your Name

Spouse's signature must be witnessed by either a Plan Representative or a Notary Public.

Spouse's Signature

Spouse's Social Security Number

SIGNATURE OF PARTICIPANT AND SPOUSE WITNESSED BY:

Signature of Plan Representative or Trustee

Date

Print Name of Plan Representative or Trustee

NOTARY

COUNTY OF: _____

STATE OF: _____

On this _____ day of _____, 20____, before me came

_____ and _____ known to me personally, or identified on the basis of identification documents to be the person(s) who executed the within documents including the foregoing Participant's Statement and/or Spouse's Statement and acknowledged that he and/or she has read the same, knows the contents thereof, and that the statements made or acknowledged are true and correct and that the signatures are his/her free act and deed.

Notary's Seal
(Must be Imprinted or Stamped)

Notary Public

Date Commission Expires

PART IV

PENSIONER ELIGIBILITY FOR MEDICAL & DEATH BENEFITS

INTRODUCTION

Your pension consists of two parts, the Basic Pension and the Supplemental Pension.

The Basic Accrued Pension results from multiplying the monthly basic pension level by the number of years credited service. Effective January 1, 2000, there shall be no limit on the number of years of Credited Service. Provided, however, that the period earned under the plan prior to January 1, 2000 shall not exceed thirty-five (35) years.

The Supplemental Accrued Pension results from multiplying the monthly supplemental pension level by the number of years of Credited Service up to a maximum of 25 years and is designed to be used to pay for retiree medical and death benefit coverage under the Asbestos Workers Local No. 42 Welfare Fund.

Eligible retired participants and eligible surviving spouses are required to pay for the retiree medical and death benefit coverage under the welfare plan. The Welfare Fund Trustees have established that the amount you must pay equals the amount of the Supplemental Pension that is payable to you.

However, please note that your entitlement to the Supplemental Pension is unaffected by whether or not you are eligible for the retiree medical and death benefit coverage under the welfare plan or, if eligible, whether or not you actually elect the coverage.

WELFARE FUND REGULATIONS

The following is an excerpt from the Summary Plan Description for the Welfare Fund describing the eligibility for medical and death benefit coverage under the Welfare Fund.

Retiree medical and death benefit coverage (see Retired Employee's--Schedule of Benefits) is available to the following retired participants and beneficiaries receiving a pension under the Asbestos Workers Local No. 42 Pension Plan.

1. Retired participants who are receiving a normal retirement pension from the Local 42 pension plan based on 25 or more years of credited service (or based on less than 25 years of credited service, if retirement occurred before July 1, 1982), and their eligible dependents.
2. Retired participants who are receiving a disability pension from the Local 42 pension plan, and their eligible dependents.
3. Surviving spouses of retired participants described in (1) or (2) above who are receiving a survivor pension from the Local 42 pension plan, and their eligible dependents.
4. Surviving children of retired participants who are receiving a survivor pension from the Local 42 pension plan.

5. Surviving spouses of non-retired participants with 25 or more years of credited service who are receiving a survivor pension from the Local 42 pension plan, and their eligible dependents.
6. Surviving children of non-retired participants with 25 or more years of credited service who are receiving a survivor pension from the Local 42 pension plan.

In order for the retiree medical and death benefit coverage to become effective, eligible retired participants and beneficiaries must elect the coverage and, if applicable (exceptions noted below), must pay for it starting with the month in which they are first eligible to receive a supplemental pension under the Local 42 pension plan.

- The amount of the monthly charge is equal to the amount of the supplemental pension that is payable each month. Retired participants or surviving spouses may elect to have the appropriate amount withheld from the pension checks each month. If there is no withholding, a check for the *appropriate amount* must be received by the Fund Office no later than the last day of the month before the month to which the payment applies.
- Surviving children who are receiving a survivor pension under the Local 42 pension plan or surviving spouses who started receiving a survivor pension under the Local 42 pension plan before September 1, 1988 are not eligible for a supplemental pension from the Local 42 pension plan and, therefore, will not have to pay for the retiree medical coverage.
- If the retiree medical and death benefit coverage is not elected when an individual is first eligible for it, it may not be elected at a later time. Similarly, if after electing the coverage, it is discontinued, the coverage may not be elected at a later time.
- The retiree medical and death benefit coverage stops on the earliest of the following to occur:
 - The date of death of the retiree or surviving beneficiary.
 - The date the retiree or surviving beneficiary elects not to have the coverage.
 - The end of the month to which the last monthly charge for the coverage applies, unless the surviving beneficiary is not required to pay the charge because the beneficiary was not entitled to receive a supplemental pension.
 - The date the surviving beneficiary stops receiving a pension from the Local 42 pension plan because the form of benefit pays a pension to the pensioner and beneficiary combined for 180 months only or because monthly benefits stop upon remarriage under that form of benefit.
 - The date the surviving child stops receiving a pension from the Local 42 pension plan because he or she reached age 18, marries or ceases to be dependent.

If, at the time a retiree is first eligible to receive a pension benefit from the Local 42 pension plan, and he is eligible for health benefits as an active employee at the time of retirement, health benefit coverage as an active employee under the Welfare Fund shall not continue.

Active coverage will not convert to retiree coverage. The retiree will be eligible for the retiree medical and death benefit coverage at the effective date of his retirement if he pays the required monthly premium and meets the eligibility requirements for retiree health benefits.

A retiree who upon retirement elects (or who has elected) to decline retiree health coverage for the retiree or the retiree's spouse (and eligible dependents) may subsequently elect, on a one-time basis, to "opt in" for retiree health coverage for the retiree and, if desired, also for the retiree's spouse and other dependents. A retiree who upon retirement elects (or who has elected) to receive retiree benefits for just the retiree and who later desires to obtain benefits for a spouse and other eligible dependents may also elect to do so on a one-time basis. Finally, a retiree who upon retirement elects (or who has elected) to obtain retiree health coverage (including spousal and dependent coverage) but who after retirement determines to drop such coverage and who then later desires to again obtain such coverage for the retiree (including the retiree's spouse and eligible dependents) may also elect to do so on a one-time basis.

These "opt out/opt in" opportunities can only be exercised provided the following conditions are met:

- a. The opportunity for a spouse and eligible dependents to obtain coverage is available only where the retired participant has also elected to obtain coverage. Spouses and eligible dependents cannot elect to have coverage independent of the retired participant. If the retired participant has not elected to obtain coverage, the spouse and eligible dependents may not do so independently.
- b. Once having elected not to obtain health coverage under the Plan, an election can be made to obtain coverage under the Plan only if the retiree (including spouse and eligible dependents if coverage is sought for them) has been covered by other health insurance comparable to the benefits offered under the Plan for the entire period of time from the date that the retiree elected to discontinue benefits under the Plan to the effective date of the retiree's election to obtain Plan coverage.
- c. The opportunity to obtain coverage under the Plan can be exercised only where there has been a documented qualifying event that causes the participant or spouse to lose their existing coverage.
- d. A retiree who elects not to obtain benefits under the Plan and who later elects to obtain Plan benefits must, as a condition to obtaining such benefits, assign his supplemental pension benefit to the Welfare Fund in partial payment of the cost of retiree coverage. The retiree must in addition pay such other premium costs to the Fund as the Trustees determine from time to time for retiree coverage.
- e. The opportunity to elect coverage after having discontinued coverage (either upon retirement or thereafter) can be exercised on a one-time basis only.

Note: The pensioner "Life Insurance" Benefit is not provided to spouses or children.

SPECIAL NOTE:

The Fund will not provide for payment of any of the benefits that are provided under Medicare regardless of whether or not you elected to participate in the Medicare program. Therefore, it is important that you purchase both Medicare part A and Part B as soon as you are eligible to do so. This includes those who are Medicare eligible due to disability.

PART V - DEDUCTION AUTHORIZATION

If your Pension application is approved, you may enter into the following authorization directing the Trustees of the Asbestos Workers Union Local 42 Pension Fund to withhold from your monthly pension check a sum equal to the amount of the Supplemental Pension Benefit.

I hereby authorize the Trustees of the Asbestos Workers Union Local 42 Pension Fund to withhold an amount from my monthly pension benefit payment equal to the Supplemental Pension Benefit which is due the Trustees of the Asbestos Workers Union Local 42 Welfare Fund for retiree participation in the Health & Welfare Fund and to pay over such withheld amount to the Trustees of the Asbestos Workers Union Local 42 Welfare Fund. This authorization is entirely voluntary on my part and may be revoked at any time at my sole discretion.

Date

Sign Your Name

Print Your Name

If you do not authorize this deduction then your Welfare coverage will not continue unless you pay the required amount monthly, in advance.

The following selection form should be signed by you after making your choice:

INITIAL ONLY ONE

- 1. _____ I hereby authorize the deduction from my pension check of any required payment for medical coverage under the Asbestos Workers Union Local 42 Welfare Fund. I make this authorization voluntarily and understand that it may be revoked at any time. By this authorization, I am not assigning my monthly benefit, or any portion thereof, to the Asbestos Workers Union Local 42 Welfare Fund. I understand that the Asbestos Workers Union Local 42 Welfare Fund has no right enforceable against the Asbestos Workers Union Local 42 Pension Fund to any part of my pension benefit.
- 2. _____ I do not want to continue to receive the retired employee medical and death benefits.

Date

Sign Your Name

Print Your Name

ASBESTOS WORKERS UNION LOCAL 42 WELFARE FUND
7130 Columbia Gateway Drive, Suite A
Columbia, MD 21046
(410) 872-9500

I hereby authorize the Trustees of the Asbestos Workers Union Local 42 Pension Fund to withhold an amount from my monthly pension benefit payment based on the below schedule which is due the Trustees of the Asbestos Workers Union Local 42 Welfare Fund for retiree participation in the Health & Welfare Fund and to pay over such withheld amount to the Trustees of the Asbestos Workers Union Local 42 Welfare Fund. This amount is in addition to the Supplemental Benefit which is withheld from my monthly pension benefit check for Health and Welfare Benefits. This authorization is entirely voluntary on my part and may be revoked at any time at my sole discretion by submitting a written request to the Fund Office.

_____ Retiree Not Eligible for Medicare	\$225
_____ Spouse not eligible for Medicare	\$225
_____ Retiree Eligible for Medicare	\$60
_____ Spouse Eligible for Medicare	\$60
_____ Each Dependent Child	\$100 x _____ dependent children
TOTAL WITHHOLDING:	\$

You must sign below after making your choice.

INITIAL ONLY ONE

1. _____ I hereby authorize the deduction from my pension check of any required payment for medical coverage under the Asbestos Workers Union Local 42 Welfare Fund. I make this authorization voluntarily and understand that it may be revoked at any time. By this authorization, I am not assigning my monthly benefit, or any portion thereof, to the Asbestos Workers Union Local 42 Welfare Fund. I understand that the Asbestos Workers Union Local 42 Welfare Fund has no right enforceable against the Asbestos Workers Union Local 42 Pension Fund to any part of my pension benefit.

2. _____ I elect to continue medical coverage under the Asbestos Workers Union Local 42 Welfare Fund, but do not wish to have the premiums withheld from my monthly pension check. Instead, I will mail payment of the appropriate amount by the first of each month.

3. _____ I do not want to continue to receive the retired employee medical benefits.

Date

Sign Your Name

Print Your Name

Social Security Number