PIPEFITTERS WELFARE FUND, LOCAL 597
RETIREE MAPD HEALTH COVERAGE
ELECTION FORM

Phone (312) 633-0597 - Fax (312) 829-9796

www.pf597.org

The Welfare rates shown below apply to qualifying retirees and their spouses who are eligible for the Humana Medicare Advantage and Prescription Drug (MAPD) Plan.

To be eligible for the MAPD Plan, it is mandatory that you sign up immediately for both Parts A & B of Medicare. You must pay the applicable premium for that Medicare coverage. This also applies to working spouses 65 years or over and spouses who are eligible for Social Security Benefits or Social Security Disability Benefits.

If you do not enroll for Medicare Parts A & B, you will not be eligible for the MAPD Plan, and the Fund will pay no benefits.

If you wish to receive coverage under the MAPD Plan, please check the appropriate box for the self-payment amount to be deducted from your pension check each month. If the monthly pension amount you receive from the Pipe Fitters' Retirement Fund, Local 597 does not cover the monthly premium, you must pay the difference in order to be eligible for MAPD benefits. If you are not eligible for a monthly pension from the Pipe Fitters' Retirement Fund, Local 597, you must pay for your monthly premium. The self-payment rates are subject to change each January 1.

Rates Effective 1/1/2024

- ❒ Retiree only on Medicare……..$100 per month
- ❒ Retiree and Spouse on Medicare……...……..…..$200 per month
- ❒ I do not wish to enroll in MAPD Plan Coverage.

By checking one of the above boxes, I'm authorizing the Retirement Fund to deduct my payment to the Welfare Fund to cover me and/or my spouse. If rates change due to loss of a dependent or changes in the rates, the Retirement Fund is authorized to make the necessary adjustment to the monthly deduction from my pension. I understand if I do not collect a monthly pension benefit from the Retirement Fund, I must pay for the monthly premium in order to be eligible for the MAPD benefits.

Applicant's Signature_____ Date _____

Spouse's Signature_____ Date _____