



Middletown Works Hourly & Salaried
 Union Retirees Health Care Fund
 1201 Crawford Street • Middletown, OH 45044
 PH: (513) 217-4818 • TOLL FREE: (877) 392-9991 • Fax: (513) 672-9622

Medicare Retiree Opt-Out

Participant Information

(Please print or type clearly)

Name: _____

Social Security Number: _____ Phone Number: _____

Address: _____

- I want to postpone/suspend medical and prescription drug coverage
 I want to postpone/suspend prescription drug coverage only for *(please check all that apply)*

Box Myself Box My Spouse box My Dependent(s)

Complete the following information for all Medicare eligible members of the family you wish to opt-out of coverage.

There is a separate form for Pre-Medicare eligible members and dependents.

Check here if dependent has other coverage or Medicare

Name	Social Security Number	Birth Date	<input type="checkbox"/>
Name	Social Security Number	Birth Date	<input type="checkbox"/>
Name	Social Security Number	Birth Date	<input type="checkbox"/>

This election is effective as of (insert date): _____

Authorization

I choose to suspend medical and prescription drug coverage, as indicated above, under the Middletown Works Hourly and Salaried Union Retirees Health Care Fund as of the effective date above. By signing below, I certify that I understand the rules regarding suspending coverage and understand that proof of other coverage must be provided to resume coverage later.

Participant's Signature: _____ Date: _____

To resume coverage for yourself and/or your dependence, you must:

- Submit a written application to the Administrative Office within **60 days** following the date the other coverage ends;
- Pay the required monthly premium for coverage, at the rate in effect when coverage resumes.

Return form to:

Middletown Works Hourly and Salaried Union Retirees
 Health Care Fund Administrative Office
 1201 Crawford Street
 Middletown, OH 45044-4575