APPLICATION FOR SPOUSAL OPT-OUT OF COVERAGE FROM THE PIPE TRADES INDUSTRY HEALTH AND WELFARE PLAN

Name: _____

Plan Participant's SSN: _____

Relationship to Participant: _____

I hereby request to terminate my coverage under the Pipe Trades Industry Health and Welfare Plan due to eligibility under a high deductible health care plan with my current employer.

I wish to terminate my coverage with the Pipe Trades effective _____

_____ (initial) I have attached proof of coverage with my current employer.

_____ (initial) I understand that I can re-enroll in the Pipe Trades Health and Welfare Plan by providing proof of termination from the high deductible health care plan through my current employer.

By signing this Application for Spousal Opt-Out of Coverage form, I realize I will no longer be eligible to receive medical or prescription benefits from the Pipe Trades Industry Health and Welfare Plan until I formally re-enroll upon termination of my other coverage. Re-enrollment will be contingent on my spouse being eligible under the Pipe Trades Industry Health and Welfare Plan.

_____ Signature of Spouse

_____ Signature of Plan Participant

_____ Date

_____ Date

For Fund Office Use Only

Date Approved by Plan: _____

Effective Date of Termination: _____