

Southern California Dairy Industry Security Fund

Administered By: Benefit Programs Administration
Telephone • (866) 481-5841 • (562) 463-5033 • Facsimile (562) 463-5894
www.scdairyfund.org

2015 Retiree Health & Welfare Annual Registration

To continue your health and welfare coverage under the Southern California Dairy Industry Security Fund, it is necessary for you to provide the following information and return this form within 30 days. **Failure to return the Annual Registration form may result in termination or suspension of your coverage.**

Retiree Name _____ SS# _____ Birth Date _____

Spouse Name _____ SS# _____ Birth Date _____

Address City State Zip Code

If the retiree is deceased, please fill in the date deceased: _____

If the spouse is deceased, please fill in the date deceased: _____

Are you eligible for Medicare? Yes _____ No _____

Is your spouse eligible for Medicare? Yes _____ No _____

1. I am (), **am not** () (check one) eligible for coverage under any other group health care or service type plan of benefits for either Active employees or Retired employees. Active means actively employed and covered by a Plan sponsored by your employer. (Medicare and America Association of retired People [AARP] are **not** considered Group Health Plans for these purposes.)
2. I understand that Retiree plan benefits are different for participants eligible for Medicare. My dependant and I will enroll for both Parts A and B Medicare Program as soon as we are eligible to do. (Please notify the Administrative Office if you and/or your spouse become eligible for Medicare.)
3. I understand that a monthly contribution is required for Plan coverage. The self-payment amount is determined by the Board of trustees.

Signature _____ Date _____

Your eligibility for these benefits depends upon the continued participation of your last employer in the Fund. Should that employer cease to be a participating employer in the Fund, your eligibility for retiree coverage will terminate.