

RETIREE ELIGIBILITY

Eligibility For Retired Employee Benefits

If You do not apply for COBRA coverage when You retire from work in the Sheet Metal Industry, and Your coverage for Welfare Fund Active Employee Benefits would otherwise terminate, You may apply for coverage for Yourself and Your eligible Dependent(s), if, before terminating employment within the jurisdiction of the Collective Bargaining Agreement of one of the participating Local Unions or under a Participation Agreement calling for contributions to the Fund.

1. You are at least age 55 and not eligible for Medicare coverage; and
2. You had either:
 - a. Five (5) full consecutive calendar years of eligibility immediately prior to retirement, with at least 3,000 hours of work for which contributions were required to the Fund, including hours credited as a result of disability, and some covered employment on the last 3 years; or
 - b. At least 10 full calendar years of eligibility during the 15 calendar years immediately prior to retirement.

For purposes of calculating eligibility under paragraphs 2(a) and 2(b) above, periods of Your employment with the Sheet Metal Workers International Association, the International Training Institute or the Sheet Metal and Air Conditioning Contractors' National Association will be disregarded (*i.e.*, treated as if the period during which You were so employed did not exist).

You must apply for coverage within 60 days of the date You lose eligibility for the Fund Benefits as an Active Employee, or if You become employed by the Sheet Metal Workers International Association, the International Training Institute or the Sheet Metal and Air Conditioning Contractors' National Association and are otherwise eligible as a Retiree, then within 60 days of the date You cease to be employed by such organization. Payment is due by the 20th day of the month preceding the month coverage is to begin, and in each following month. If payment is not received on a timely basis for any month, coverage will terminate and cannot be reinstated without a return to Active Employee eligibility.

You and Your eligible Dependent(s) will be covered under the same Plan that You were covered under as an Active Employee immediately prior to Your retirement.

Benefits for Retired Employees under each of these Plans are different in some ways from those of Active Employees, as described in the Benefit Summary.

Certified Disability of Retirees

If You are unable to work because of a Certified Disability, You will be considered eligible for Retired Employee Benefits if You meet the requirements concerning employment stated in Item 2. in the previous Section, and You were eligible for this Plan's benefits on the date of termination of Your employment. There is no minimum age requirement.

A Certified Disability is one for which You are drawing:

1. A Social Security Disability Pension; and/or
2. A Disability Pension from a Sheet Metal Industry Pension Plan.

If You qualify as a disabled Retiree You may obtain coverage for Retired Employee Benefits by sending Your proof of disability and the required contribution to the Fund Office in the manner and amount specified by the Board of Trustees.

Long Term Service Retirees (Effective January 1, 1987)

You will be eligible for a Special Life Insurance Benefit if, at retirement:

1. You are age 60 or over;
2. You had 25 years of employment covered by the Collective Bargaining Agreement of a Local Union affiliated with the Sheet Metal Workers International Association or a Participation Agreement with the Fund;
3. You had 5 full consecutive calendar years of eligibility immediately prior to retirement, with at least 3,000 hours of work for which contributions were required to the Fund, including hours credited as a result of disability, and some covered employment in the last 3 years;
4. You had at least 10 full Calendar Years of eligibility during the 15 Calendar Years immediately prior to retirement; and
5. You were eligible for this Plan's Benefits on the date of termination of Your employment.

Effective Date of Coverage for Retiree Benefits

If You meet the qualifications for one of the types of Retired Employee Benefits described, You will become eligible for such Benefits on the first day of the month following the month Your application and self-payment are received by the Fund Office.

Termination of Retired Employee Benefits

Eligibility for Retired Employee Benefits will terminate on the earliest of the following dates:

1. The date You attain 65 years of age;
2. The date You become eligible for Medicare; or
3. The last day of the month preceding any month for which You have not made the required self-payment to the Fund Office.

The Retired Employee shall notify the Fund Office within 10 days of notification of eligibility for Medicare.

Eligible Dependent of Retired Employees

Your Dependents who were eligible for coverage under this Plan while You were an Active Employee may also be covered under this Plan for Retired Employee Benefits. When You apply for Retired Employee Benefits, You will have the opportunity to apply for Dependent coverage. You will have one 60-day period in which to consider the decision for Retiree and Dependent coverage. **The choice not to cover a Dependent in this manner may not be changed at a later date.**

Termination of Retired Employees' Dependent Coverage

Dependent coverage will terminate on the earliest of the following:

1. The date a Dependent Spouse attains 65 years of age;*
2. The date a Dependent Spouse becomes eligible for Medicare;
3. The date a Dependent Child no longer satisfies the definition of an eligible Dependent;
4. The last day of the month preceding any month the required contribution payment to the Fund Office is not made; or
5. For a Dependent Child, the date a Retiree or the Retiree's Spouse cancels coverage or such coverage is terminated; or
6. With respect to a Dependent Spouse and former Step-children, the date You become Legally Separated or Divorced, which shall be the date of entry of a court order or decree dissolving the marriage between You and the Dependent Spouse or legally separating You and the Dependent Spouse, regardless of whether such order or decree is subject to appeal or modification, requires You to provide health insurance coverage, or includes a delay in the finality or operation of the order or decree. Note that such court order or decree cannot alter or modify the terms of the Plan or require the Fund to provide any benefit type, form, eligibility option, or other option not otherwise provided under the Plan.

*If when You attain age 65 or are eligible for Medicare, Your Spouse is less than age 65, benefits for Your Spouse will continue until Your Spouse attains age 65 or is eligible for Medicare, provided the required self-payments are made to the Fund Office so long as he/she also remains Your Spouse as defined herein.

Dependent Spouse Self-Payments

Your Dependent Spouse may continue coverage by making payments to the Fund after Your death until the earliest of:

1. The date Your Spouse remarries;
2. The date Your Spouse becomes eligible under another group health plan;
3. The date Your Spouse reaches age 65;
4. The date Your Spouse becomes eligible for Medicare ; or
5. The last day of the month preceding any month for which Your Spouse has not made the required self-payment to the Fund Office.