Inland Empire Electrical Workers
Retiree SBA Plan Enrollment Form

By completing this form, you are authorizing the Trust Administrator to transfer your Active SBA account balance to the Retiree-Only SBA. Please complete all items listed below. Missing information often results in enrollment delays.

EMPLOYEE, SPOUSE & DEPENDENT INFORMATION

Note: Your spouse and dependent(s) are automatically covered under this plan. The below information is required in accordance with federal law which requires the third-party administrator to have on file the full name, Social Security Number, gender and date of birth for all covered individuals. List any additional dependents on an attached sheet of paper.

First Name	Middle Initial	Last Name	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Social Security Number	Medicare Eligible?	
Self						☐Yes	☐No
Spouse						☐Yes	☐No
Dependent 1						☐Yes	☐No
Dependent 2						☐Yes	☐No

EMPLOYEE INFORMATION

Employee Is – check one

☐ Covered under the Inland Empire Electrical Workers Trust Health & Welfare Plan as an active employee, self-pay or COBRA participant

☐ Retired and **not** covered under the Inland Empire Electrical Workers Trust Health & Welfare Plan

Employer / Agency

Email Address ( ) - **Phone Number**

Mailing Address **City** **State** **Zip**

Enrolling Employee is Separating/Retirement Date **Effective Date of enrollment in the SBA for Retirees****

I understand that I will not be able to submit claims incurred prior to the effective date of enrollment into the Retiree SBA Plan and may submit claims incurred only while I am eligible under the Retiree SBA Plan. If I return to work, I understand that I will not be able to submit claims incurred while covered under the Inland Empire Electrical Workers Health and Welfare Plan.

**** Initial Here**

I certify that I am not covered under the Inland Empire Electrical Workers Trust Health & Welfare Plan

**** Initial Here**

☐ **By checking this box, I authorize my spouse listed in this form to be an authorized contact who may discuss my account and account activity and submit certain account changes on my behalf. Claim Forms must be signed by me, the participant. Authorized contacts may be changed or revoked by me at any time.**

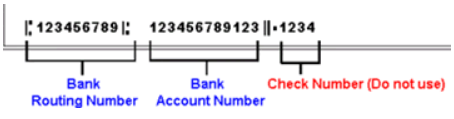
DIRECT DEPOSIT ENROLLMENT (RECOMMENDED)

Sign up for direct deposit! It's faster and more convenient than waiting for paper check reimbursements in the mail. Please provide all required information below. A voided check is not required.

Account Type: ☐ Checking ☐ Savings **Financial Institution:**

Routing Number (see sample check):

Account Number (do not include check number):



HOLD HARMLESS AGREEMENT & REQUIRED SIGNATURE

"I hereby become a participant of the Inland Empire Electrical Workers SBA Retiree Plan, also known as the "SBA Retiree Plan" I realize that the parties involved in this Plan (including, but not limited to the Plan, my employer, my bargaining representative (if applicable), the Trustees and the agents of each, collectively referred to as the "Plan and its agents") cannot guarantee any federal or state tax results or investment results. I acknowledge that any benefits to which I may become entitled are subject to the terms and conditions of the governing Plan documents and applicable law, and that the Plan or its agents may withhold from such benefits (and may transmit to the government) any tax, charge, penalty or assessment which is determined to be attributable to or allocable to such benefits or on account of the operations of the Plan and to hold the Plan and its agents harmless with respect to such allocations taken in good faith."

Participant Signature **Date**

Rehn & Associates | PO Box 5433 | Spokane, WA 99205-0433 | Phone: (800) 872-8979 | Fax: (509) 535-7883 | Email: ieew@rehnonline.com