

# POST – RETIREMENT BENEFITS OPT OUT FORM



<b>Retiree Name (Please Print)</b>	<b>Certificate #</b>
	5000 _ _ _ _ _

You have the option of opting out of the Extended Health and Dental Plans. **Note if you elect to opt out of these plans you are not permitted to elect coverage at a later date.** If your monthly pension is insufficient to cover your monthly premiums, please contact Worker Benefit Plans and we will make alternate arrangements.

***Important Information: If we do not receive the opt-out form (signed and dated) back from you by November 24, 2017 we will assume you wish to continue coverage under the Extended Health and Dental Plans.***

**Please complete the following:**

I no longer wish to participate in the Extended Health and Dental Plans effective January 1, 2018. I fully understand that by opting out of the plans at this time that I will not be permitted to elect coverage under these plans in the future. I further understand that by opting-out, I am waiving the right to the death benefit of \$3,000 (pro-rated for members under 10 years).

## **Retiree Authorization**

I fully understand the options available to me and have indicated my election to opt-out of the plans.

<b>Retiree Signature</b>	<b>Date</b>

Please retain a copy of this form and forward the original by November 24, 2017 to: Worker Benefit Plans – Lutheran Church-Canada, c/o Ellement Consulting Group, 503-1780 Wellington Avenue, Winnipeg MB R3H 1B3