



**LCC Worker  
Benefit Services Inc.**  
Caring for those who serve

## POST – RETIREMENT BENEFITS OPT OUT FORM

<b>Retiree Name (Please Print)</b>	<b>Certificate #</b> 5000 _ _ _ _ _
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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 30, 2021 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, 2022. 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 of service).

### 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>
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Please retain a copy of this form and return (via email, fax or mail) to:

**Worker Benefit Plans – Lutheran Church-Canada**  
**c/o Ellement Consulting Group, 1345 Taylor Avenue Winnipeg, MB R3M 3Y9**

Email: [lccbenefits@element.ca](mailto:lccbenefits@element.ca)

Fax: 204.954.7310