

POST – RETIREMENT BENEFITS OPT OUT FORM



Retiree Name (Please Print)	Certificate #
	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 21, 2016 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, 2017. 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.

Retiree Signature	Date

Please retain a copy of this form and forward the original by November 21, 2016 to: Worker Benefit Plans – Lutheran Church-Canada, c/o Ellement Consulting Group, 503-1780 Wellington Avenue, Winnipeg MB R3H 1B3