



National Asbestos Workers Medical Fund

2010 N.W. 150th Avenue, Suite 200 | Pembroke Pines, FL 33028
Toll Free: (888) 352.0629 | West Coast Toll Free: (888) 987.0629
Fax: (954) 266.2079 | www.nebainc.com

Administered by:
NEBA
NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS, INC.



Retiree Medical Coverage Reinstatement Election

Retiree's Name:		SSN (last 4 digits):	
National Asbestos Workers Medical Fund Coverage Effective Date:			
I wish to reinstate Retiree Medical Coverage for: (check all that apply)			
<input type="checkbox"/> Myself <input type="checkbox"/> My Spouse <input type="checkbox"/> Dependent (s)			
Effective Date of Reinstatement*:			

***Reinstatement Effective Date must be at the beginning of an Eligibility Quarter; March 1, June 1, September 1, or December 1.**

I understand that to qualify for reinstatement of suspended Retiree Medical Coverage I must:

- Submit this written request for reinstatement to the Fund Office **30 days prior to the requested reinstatement date.**
- Provide evidence that the individual(s) to be reinstated (myself, and/or my spouse, and/or my dependent(s)) have maintained continuous coverage under a Health plan for the entire period of the suspension. The evidence can be copies of enrollment forms or identification cards showing the coverage dates or other correspondence from the Health plan verifying the dates of coverage.
- The reinstatement effective date must be the beginning of an Eligibility Quarter; March 1, June 1, September 1, or December 1.

Signed _____ Date _____