

**Alaska UFCW Health & Welfare Trust**  
*Administered by Zenith American Solutions*  
**12205 SW Tualatin Road, Suite 200**  
**Tualatin, Oregon 97062**  
**Toll Free: (833) 942-2315**  
**Fax: 1(503) 575-9265**

**CONTINUATION OF HEALTH COVERAGE FORM – AGE 65**

Retiree: \_\_\_\_\_ Retiree Social Security No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**PLEASE CHOOSE AND INITIAL ONE (1) HEALTH COVERAGE OPTION**

- Dental & Vision Only                       Medical, Dental & Vision

***Initial  
Here***

	<p><b><i>Continue Health Care Coverage</i></b></p> <p>I request to continue my health care coverage through the Alaska U.F.C.W. Health Trust. I understand that I am responsible for paying the full premium cost. I wish to have my Health Trust premium deducted from my pension benefit through Alaska U.F.C.W. Pension Fund.</p>
	<p><b><i>Defer Health Care Coverage</i></b></p> <p>I am covered by my spouse’s group medical insurance plan and would like to defer coverage under the Alaska U.F.C.W. Health Trust.</p>
	<p><b><i>Decline Health Care Coverage</i></b></p> <p>I am declining coverage under Alaska U.F.C.W. Health Trust. <i>I understand that if I decline coverage under the Health Trust, I cannot resume coverage at a later date.</i></p>

Enrollment for:

- Retiree Only     Retiree & Spouse     Retiree & Qualified Dependents

Retiree’s Signature: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(date)

Print Retiree’s Legal Name: \_\_\_\_\_