AFL Hotel & Restaurant Workers Trust Funds

(Gentry Pacific Design Center)
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● Health & Welfare Trust ● Pension Plan ● Training Trust

MEDICARE REIMBURSEMENT APPLICATION

According to our records, you and/or your spouse are either 65 or close to this age. This indicates that you are eligible for Medicare Benefits. This Medicare coverage is available to you when you retire.

If you have not done so already, you should contact the local Social Security Office and enroll for the voluntary medical insurance. If you are retired under the AFL Hotel & Restaurant Workers Trust Fund and eligible for benefits, the Health & Welfare Trust Fund may reimburse you a percentage of the monthly cost of Part B. which is dependent upon your years of credited service. In order to do so, ***we need a copy of your sinned Medicare Card and this completed form. If your spouse is age 65 or older, you must provide us with a copy of his/her Medicare Card.***

Please be advised that in the event of your death or the death of your spouse, the Trust Fund Office must be notified immediately. It will be you or your spouse's responsibility if any benefit overpayment is made, and you and or your spouse will be required to reimburse the Trust Fund.

I hereby certify that I have enrolled under the Part B (Medical Insurance) of Medicare, and that I will Maintain this Part B enrollment.

Member Name	
Members Claim Number	
Members Part B (Medical Insurance Effective Date)	
Spouse’s Name	
Spouse’s Claim number	
Spouse’s Part B (Medical Insurance) Effective Date	

This is to certify that Mr. / Mrs. ______________________________ is / is not receiving Medicare reimbursement from any other company ______________________________ (Name of Company).

NOTE: By signing below, I am acknowledging that I have been advised of the Medicare Reimbursement Benefits. I also understand that I must apply for this reimbursement. The Trust Fund Office **will not make retroactive Medicare reimbursement payments**.

Retiree’s Signature:	Date Signed:
Current Address:	Telephone Number:

TRUST FUND OFFICE USE ONLY						
Retiree Code	Amt	New/ Add	For			Effective Date
			Mbr	Sp	Both	
Processed by:						Date: