



ELECTION FORM FOR HEALTH AND WELFARE PLANS

I _____ (*insert name*) am a current participant in IATSE National Health & Welfare Fund (the “Fund”), Plan C (“Plan C”) or I have been a Plan C participant within the last 24 months. I am employed under or have been hired to work under a collective bargaining agreement requiring contributions to the National Health & Welfare Fund. I hereby designate that effective immediately all Health and Welfare Contributions paid on my behalf to the I.A.T.S.E. National Health and Welfare Fund (the “Fund”) be credited to National Health & Welfare Fund Plan C (“Plan C”). I understand that I will be credited under Plan C for the amount of contributions actually received on my behalf under an applicable collective bargaining agreement, in accordance with the rules of Plan C.

I waive any right to any benefits under Plan A based on contributions to the Fund on or after the effective date of this Election Form. I acknowledge that I have had the opportunity to review the Summary Plan Descriptions for Plans A and Plan C and that they are available to me from the Fund Office and on the Fund Office website, www.iatsenbf.org.

I understand that this election will cover future contributions, and contributions received within 30 days of the date this form is received by the Fund, but in no event will contributions already utilized for Plan A eligibility be credited to Plan C. This election



shall remain in force and effect for one year and will automatically renew from year to year unless and until a written revocation is received by the Fund Office. This election may not be revoked until it has been in effect for at least one year.

Signature: _____

Social Security Number: _____

Address: _____

Telephone: _____

Local Number: _____

Name of Current Employer: _____

Name of Current Production: _____

Date: _____