Roofers' Unions Welfare Trust Fund

Fund Office
2021 Swift Drive, Suite B
Oak Brook, IL 60523

Phone: (847) 827-1029
Fax: (847) 827-6358

ROOFERS LOCAL 11 WELFARE TRUST FUND

VOLUNTARY WAIVER OF DEPENDENT COVERAGE

I, _____ am a Dependent of an Employee covered under the Roofers Local 11 Welfare Trust Fund ("the Fund") and by signing below I hereby certify that I am voluntarily electing to waive my coverage under the Fund.

By signing below, I further certify that I understand that Employer and Employee contributions to the Fund are negotiated amounts included in Collective Bargaining Agreements. I understand that the Fund provides composite family coverage and that waiving my Dependent coverage under the Fund does not change the Employer or Employee obligations to the Fund.

I understand that my coverage under the Fund will terminate as of the date of my signature below.

I understand that by voluntarily waiving my coverage I am not entitled to COBRA continuation coverage under the Plan. I further understand and agree that if I wish to revoke my voluntary waiver of Dependent coverage such revocation must be submitted to the Fund Office in writing.

Employee Printed Name	Dependent Printed Name
Employee Signature	Dependent Signature
Date	Date