Roofers' Unions Welfare Trust Fund

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

Phone: (847) 827-1029
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ROOFERS LOCAL 11 WELFARE TRUST FUND

VOLUNTARY WAIVER OF DEPENDENT COVERAGE

I, _____, am the legal guardian of, _____, 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 coverage under the Fund for _____.

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 Dependent coverage for _____ under the Fund does not change the Employer or Employee obligations to the Fund.

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

I understand that by voluntarily waiving coverage, _____ is not entitled to COBRA continuation coverage under the Plan in the absence of a qualifying event. I further understand and agree that if I wish to revoke this voluntary waiver of Dependent coverage, such revocation must be submitted to the Fund Office in writing.

_____
Dependent Printed Name

_____ _____
Employee Printed Name Guardian Printed Name

_____ _____
Employee Signature Guardian Signature

_____ _____
Date Date