

## Retiree Spousal Waiver of Coverage

As a Participant in the Painters and Allied Trades District Council 82 Health Care Plan, your dependent spouse you may elect to opt-out of retiree coverage under this Plan only if they are eligible for a health plan provided by their employer.

By having your spouse opt-out of coverage under the Plan, you and your spouse understand that:

1. Your spouse will not be entitled to any benefits or other payments from the Plan, including, but not limited to, health care benefits, prescription drug benefits, dental benefits, vision care or any other form of retiree benefits under the Plan.
2. You will have no right or claim to any contributions made to the Plan for the purposes of funding your spouse's eligibility for coverage.
3. Your spouse forfeits any right to benefits under the Plan even if Plan benefits are superior in some respects to the benefits under the plan offered by your spouse's employer.
4. Your spouse and/or dependent(s) have no right to return to coverage under the Plan until such time as the spouse's employer provided coverage is lost, the spouse otherwise meets the eligibility requirements of the Plan and you and your spouse provide written notice to the Plan of your spouse's desire to once again become covered under the Plan.

I elect to opt-out of coverage under the Plan as of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Spouse Waiving Coverage

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this  
\_\_\_\_\_ of \_\_\_\_\_, 20

\_\_\_\_\_  
Notary Public