

**Sheet Metal Workers Health Plan of Southern California, Arizona and Nevada**  
**P.O. Box 10067, Manhattan Beach, CA 90266-8567**  
**(800) 947-4338 or (310) 798-6572**

**APPLICATION FOR CONVERSION OF DEATH BENEFIT – PLAN A**

In accordance with the Conversion Privilege applicable to Death Benefits under the Health Plan, I apply to convert \$20,000.00 Death Benefit to a Private Coverage on the following basis:

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Telephone Number \_\_\_\_\_ 4. Social Security Number: \_\_\_\_\_
5. Birth Date: \_\_\_\_\_ 6. Local Union Number: \_\_\_\_\_
7. Name of Primary Beneficiary: \_\_\_\_\_ (DBCONV)
- Primary Beneficiary Address: \_\_\_\_\_ (DBCONV)
- \_\_\_\_\_
- Name of Alternate Beneficiary: \_\_\_\_\_ (DBCONV)
- Alternate Beneficiary Address: \_\_\_\_\_
- \_\_\_\_\_
8. Last Employer: \_\_\_\_\_ 9. Last Day of Work: \_\_\_\_\_

I understand that this application for conversion to self-payment will be acted upon only after termination of my eligibility for Plan A coverage as an active employee, under the Sheet Metal Workers' Health Plan of Southern California, Arizona and Nevada, based on the eligibility rules set forth in the Plan.

If you want to continue the \$20,000 death benefit you must separately apply for the continuation and remit the first two months' self-payment (by check or money order) to the Administrative Office within 31 days following the date of your eligibility terminates. Contact the Administrative Office for the continuation form and the current monthly self-payment amount. Continuation forms and/or self-payments received by the Administrative Office after this deadline will be rejected as untimely and will not be accepted. Subsequent self-payments are due by the 20<sup>th</sup> day of the month prior to each consecutive coverage month. Failure to make the required self-payment by the due date will result in automatic termination of coverage. Once coverage is terminated it cannot be reinstated. The Administrative Office does not send monthly bills or warning notices. It is your responsibility to submit self-payments when due.

The monthly self-payment amounts are determined by the Board of Trustees and are not guaranteed for any specific time period and they may be changed from time to time at the sole and absolute discretion of the Board of Trustees.

If a Participant dies during the 31 days after his eligibility for the benefits under his Plan terminates, the \$20,000 death benefit will be paid even if he has not applied for the conversion coverage.

**Important note: You are not eligible to apply for or maintain continuation coverage, and the 31-day death benefit extension described above will not apply. If your eligibility has been lost because of delinquent owner-operator status or if you are working in Non-Covered Sheet Metal Service.**

I further understand that the monthly self-payment rates are not guaranteed and that this continuation of benefits may be terminated or modified by the Board of Trustees of the Health Plan. I also understand that if I do not pay the monthly self-payment as required by the **20<sup>th</sup> of the month PRIOR to the month of coverage**, that my eligibility for the death benefit will terminate with not further notice from the Plan.



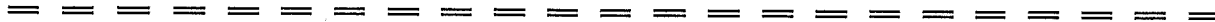
\_\_\_\_\_ Date: \_\_\_\_\_

All applicants must sign and date above

*I would like my premium amount to be automatically deducted from the monthly pension check. Should I decide to terminate this coverage, or if I no longer want the premium deducted from my pension check that it is my responsibility to notify the Administrative Office in writing at least 60 days prior to the date that I no longer want to continue the coverage under the Plan, or 60 days prior to the date that I no longer want the deduction.*

Yes, please make the deduction from my pension check: \_\_\_\_\_

*Sign above if you want the premium deducted from your check*



**\*\*FOR ADMINISTRATIVE OFFICE USE ONLY\*\***

Plan A terminates: \_\_\_\_\_ Effective date of coverage: \_\_\_\_\_ Elig, Committee Mtg: \_\_\_\_\_

Premium amount: \$ \_\_\_\_\_ at age \_\_\_\_\_ Eligible for conversion: [ ] Yes [ ] No

**SCHEDULE OF SELF-PAYMENT RATES  
FOR MALES**

**SEE EXCEL: DB-CONV-RATES-TAX.XLS**

**SCHEDULE OF SELF-PAYMENT RATES  
MALES**

MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM	
AGE	RATES	AGE	RATES	AGE	RATES
16	\$7.17	36	\$14.86	56	\$36.49
17	\$7.42	37	\$15.46	57	\$38.42
18	\$7.68	38	\$16.08	58	\$40.44
19	\$7.96	39	\$16.74	59	\$42.58
20	\$8.24	40	\$17.43	60	\$44.80
21	\$8.54	41	\$18.16	61	\$47.12
22	\$8.85	42	\$18.91	62	\$49.56
23	\$9.18	43	\$19.72	63	\$52.15
24	\$9.51	44	\$20.57	64	\$54.95
25	\$9.86	45	\$21.58	65	\$57.99
26	\$10.23	46	\$22.47	66	\$61.33
27	\$10.60	47	\$23.51	67	\$64.94
28	\$11.00	48	\$24.63	68	\$68.77
29	\$11.41	49	\$25.82	69	\$72.74
30	\$11.84	50	\$27.08	70	\$76.83
31	\$12.29	51	\$28.43	71	\$81.02
32	\$12.76	52	\$29.86	72	\$85.35
33	\$13.24	53	\$31.38	73	\$89.90
34	\$13.75	54	\$32.98	74	\$94.76
35	\$14.29	55	\$34.68	75	\$100.00