



HARRISON TRUST

A Family Health Plan

www.harrison.aibpa.com

EARLY RETIREE PLAN APPLICATION

Return to: 1220 SW MORRISON STE 300

Portland, OR 97205

In Portland: 224-0048, ext. 1679

Toll Free: 1-800-547-4457, ext. 1679

Each employee who seeks coverage under the Early Retiree Plan must complete ALL the information requested below. If any item is not applicable, write "N/A". If more space is needed, attach an additional sheet of paper.

Full Name (Please Print)

Social Security Number

Permanent Address

Date of Birth

Permanent Address

() _____
Telephone Number

1. Are you registered on the out of work list with any local union? Yes _____ No _____
If yes, list the local number. IBEW Local Union _____

2. Are you currently engaged in work in the electrical industry? Yes _____ No _____

3. Have you applied for social security benefits? Yes _____ No _____
If your answer is yes, attach a copy of your application form.

4. Have you applied for, or are you receiving a pension from a pension plan sponsored by a local union affiliated with the IBEW? Yes _____ No _____

If your answer is yes, give the name of the pension plan.
(ie, Edison Pension, Cornell Pension, Cascade Pension) _____

5. Have health insurance contributions been made on your behalf to the Harrison Trust by an employer at any time after January 1, 1992? Yes _____ No _____

6. Give the name of your most recent employer in the electrical industry: _____

7. List the date you would like coverage to begin in the Early Retiree Plan: _____

