

LIFE EVENT: RETIREMENT

Getting married. Having a baby. Preparing for retirement. These are the moments in life when your benefits matter most. With that in mind, we have developed the DGA-PPHP Life Events fact sheets to help ensure that you get all of the information you need, when you need it.

If you still have questions, please do not hesitate to contact us at one of the phone numbers at the bottom of this page.

WHAT YOU NEED TO KNOW: HEALTH PLAN

- You may be eligible for either Retiree Carry-Over or Certified Retiree health coverage. In addition, the amount of time for which you are eligible to self-pay for coverage under the Health Plan may be affected. For more information regarding the different forms of retiree health coverage, please refer to the Retiree Self-Pay Coverage section of the January 2010 Health Plan Booklet.
- The Health Plan will include a letter explaining your eligibility for retiree health coverage, if any, with your Pension Plan retirement application.
- Dependent children are not eligible for coverage under your retiree health coverage. If your dependent children were covered under your earned coverage immediately prior to the beginning of your retiree health coverage, they will be eligible to self-pay up to age 19 at a reduced rate.
- Your spouse is eligible for coverage under your retiree health coverage. However, there is an additional premium due on behalf of your spouse. In the event of your death, your retiree health coverage will be transferred to your spouse.
- When you become eligible for Medicare coverage, you must enroll in Medicare Parts A & B. You do not need to enroll in Medicare Part D (prescription drugs). Once you are eligible for Medicare, Medicare will become the primary payer on all claims, unless you are covered under earned coverage. In addition, when you become eligible for Medicare, your retiree premium will be reduced in the month after you commence Medicare eligibility.

WHAT YOU NEED TO KNOW: PENSION PLAN

- Provided that you meet the eligibility requirements, your effective retirement date can be the first of any month, but your Supplemental Plan payment will normally be paid two weeks after the first of the month.
- In order to apply for benefits, the Pension Plan must receive a written request for a retirement application at least 60 days prior to the effective retirement date on which you wish to start benefits. A signed letter of instruction will suffice or you can download a retirement application request online from the DGA-PPHP Web site (www.dgaplans.org).
- You can mail your retirement application request to the address listed on the form or fax it to (323) 653-3560. We will send a retirement application to you in approximately two weeks. Please include a phone number where we can reach you if we have any questions.

The information on this sheet is only a summary of Pension and Health Plan rules. For detailed information, please refer to the Health Plan and Pension Plan Booklets.

RETIREMENT APPLICATION REQUEST

In order to apply for benefits, the Pension Plan must receive a written request for a retirement application. This form can serve as your written request.

You can mail this form to the address listed at the bottom of the page or fax it to (323) 653-3560. If you provide an e-mail address below, the Pension Plans' Office will e-mail a receipt of confirmation to you. A retirement application will then be sent to you in approximately two weeks (unless you request an Effective Retirement Date more than two months in the future). Please include a phone number where we can reach you if we have any questions.

RETIREMENT INFORMATION

- Application Requested: Basic Pension Plan
 Supplemental Pension Plan
 Both

Effective Retirement Date: _____

PARTICIPANT INFORMATION

Participant Name: _____

Participant Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Spouse's Name (if applicable): _____ Spouse's Date of Birth: _____

Same-Sex Domestic Partner's Name (if applicable): _____ Same-Sex Domestic Partner's Date of Birth: _____

PARTICIPANT SIGNATURE

Participant Signature: X _____

Date: _____