

SECTION THIRTEEN: Retiree Benefits

I. Introduction and Fast Facts

As a retiree, you and your eligible dependents may elect to have Medical, Prescription Drug, Vision, Hearing, EAP, Legal Insurance, Income Tax Preparation, a life insurance benefit of \$5,000 (member only) if you have 4,500 hours, 15 years of service, and a pension award, Weight Watchers and Gym reimbursement.

Fast Facts:

- A Retiree must be at least 55 years of age.
- Eligible Retirees and their eligible dependents may apply for healthcare coverage up to a maximum of 10 years, with the monthly premium rate based on a sliding rate scale.
- Your coverage will end when your applicable period of coverage ends, you become eligible for Medicare, or when you turn age 65, whichever comes first. However, your life insurance benefit will continue until your death.
- You must have at least 15 years of service to apply for one of the options.
- If you die, your dependents may continue coverage under the option you elect.
- The rates are subject to change during your period of coverage.
- Your retiree co-payment may be deducted from your monthly pension check.
- You may cancel your Retiree benefits at any time. If you cancel your Retiree benefits, you will not be allowed to reinstatement them.
- NO dental or dependent life benefits on Retirees benefits
- Rhode Island Hospital employees are not entitled to Retirees benefits.
- Delta Dental offers a dental plan for Teamster Retirees

II. What You Need To Do

When you're planning to retire, contact the Fund Office to apply for Retiree Benefits. **There can be no more than a 3 month lapse of time between active benefits and Retiree benefits.**

Select the appropriate option based on the number of years needed, maximum 10 years. When the member turns age 65, the spouse will continue on the coverage for the remainder of the time or until the spouse turns age 65 or becomes eligible for Medicare, whichever comes first. There is a sliding monthly premium rate scale in effect, and the premium is set each year by the Trustees. The Trustees have exclusive discretionary authority to change the premium at any time. There are different rates for each year based on the age of the retiree or spouse (or, for your dependent children, until the date they are no longer eligible dependents under the Plan) from the effective date of pension.

For Example: If you are 64 years old and your spouse is 62 years old, you may choose the 3 year plan to cover your spouse until he/she turns 65. Your monthly premium would be at the 3 year family rate. When you turn 65, your spouse may continue coverage for the

remainder of the time or until he/she is eligible for Medicare, whichever comes first, paying the 3 year individual rate.

The retiree co-payment is subject to increase each January 1st. Please contact the Fund Office for the current premium. The premium is based on individual and family coverage depending on your family status. Your retiree co-payment may be deducted from your pension check.

III. Eligibility Requirements

In order to qualify for these options and the \$5,000 Life Insurance benefit, you must meet the following requirements:

- A. You must have retired on a regular, reduced/early retirement, 30 year full service, statutory or disability pension under the New England Teamsters and Trucking Industry Pension Fund, or with a Union Employee Pension Fund, Union Employee Supplemental Pension Fund or a Retirement and Savings Plan earned while working under a Teamster-negotiated contract;
- B. You must have had at least 4,500 hours of contributions paid to the Fund on your behalf in the five years immediately preceding the effective date of your pension;
- C. You must have been eligible for Plan benefits as an active employee for at least 15 years at the time you retired; and
- D. You must be at least 55 years of age.

IV. Dependent Eligibility

Your spouse and eligible dependent children under age 26 are covered for Medical, Prescription Drug, Vision, Hearing, EAP and Legal Insurance, Weight Watchers and Gym reimbursement on the same date you are covered as a retiree.

V. Important Considerations in Choosing the Right Option

Consider the following when you apply for your retiree coverage:

- A. You and your spouse must elect the same benefit option (1 to 10 years).
- B. Once you make your election, you cannot change it.
- C. You do not need to decide the benefit option you want (if any) at the time your pension benefits begin; however, you must apply for and select an option before your retiree plan benefits begin. **There can be no more than a 3 month lapse of time between your active and retiree coverage.**

- D. The rates that apply to the retirement benefit options are constant. That means, if you elect the 10-year Option (ages 55 & 56), you will pay the applicable 10-year rate for each of the years you have coverage.
- E. You may elect the 10-year Option (ages 55 & 56) even if you are fewer than 10 years away from age 65 so that your dependents have a longer period of coverage from the Plan. Your coverage under any of the options ends when you become eligible for Medicare, but your dependents can choose to continue their coverage at the applicable rate until the earliest of:
 - 1. the expiration of the Option period you elected; or
 - 2. the date that your spouse becomes eligible for Medicare or age 65 (or, for your dependent children, until the date they are no longer eligible dependents under the Plan).
- F. In the event that you die during the time you are covered by one of the Retirement Benefit Options, your dependents(s) can choose to continue their coverage at the applicable rate until the earliest of:
 - 1. the expiration of the Option period you elected; or
 - 2. until the date your spouse becomes eligible for Medicare or age 65 (or for your dependent children, until the date they are no longer eligible dependents under the Plan).
- G. The rates that apply to each of these Retirement Benefit Options, as well as the existence of the Options themselves, are subject to change by the Trustees at any time and at the Trustees' sole discretion. While it is the intent of the Trustees to continue these benefits, there is no such guarantee.

VI. When Retiree Benefits End

All benefits under the Retiree Plan, except life insurance, will end on the earliest of the following dates:

You	Your Spouse	Your Dependent Children
1 to 10 years after your coverage starts, depending on the option you choose	1 to 10 years after your coverage starts, depending on the option you choose	1 to 10 years after your coverage starts, depending on the option you choose
The beginning of the month you turn age 65	The beginning of the month your spouse turns age 65	The date your child is no longer considered an eligible dependent under the Plan

The date you become eligible for Medicare	The date your spouse becomes eligible for Medicare	The date your child becomes eligible for Medicare
The date you return to covered employment		

Vested Benefit

(Frozen as of December 31, 1990)

I. Introduction

You are only eligible for the Vested Benefit if you qualified for this benefit before December 31, 1990. The Vested Benefit is a sum of money (based on your years of service) that is put into an account for you. You may use this money, beginning one month after your benefits terminate, to pay for certain eligible medical expenses or the remainder will be paid to your designated beneficiary upon your death.

The Vested Benefit has been frozen as of December 31, 1990. If you qualified for this benefit before December 31, 1990, you may be entitled to a benefit of \$500 or more to use to pay for eligible medical expenses during retirement.

II. What You Need To Do:

- Contact the Fund Office for a claim form if you have eligible expenses.
- Submit your claim form and receipts to the Fund Office to use the money in your account to pay for your eligible expenses.
- In the event of your death, your beneficiary should notify the Fund Office and provide a certified death certificate to receive the balance remaining in your account.

III. Eligibility

In order to be eligible for the Vested Benefit you must meet all of the following criteria:

- Have qualified for this benefit before December 31, 1990;
- No longer be working in Covered Employment;
- No longer be eligible for the life insurance benefit provided by the Fund;
- Be at least age 55;
- Have been eligible for benefits under the Fund for at least five years before December 31, 1990.
- Apply for this benefit within one year from the date the group life insurance benefit terminates.

If you meet these requirements, you will be credited with \$100 in addition to the \$500 minimum for every year over the five years you were eligible for benefits from the Fund, up to a maximum of \$1,500. This money is kept in an account for you to use when you

retire. You may withdraw up to 100% of the money in your account to pay for hospital, surgical, eye care, medical expenses, dental expenses or premiums that are not paid by Medicare. You do not have to be eligible for Medicare to use this money.

IV. How to Receive Reimbursement

Submit a claim form and evidence of the expenses you incur to the Fund Office. Any amount you withdraw from your account will be deducted from the Vested Benefit that will be paid to your beneficiary when you die.

If you leave covered employment and are awarded your Vested Benefit, but then return to covered employment, your Vested Benefit will be suspended until you retire again.