

REQUEST FOR WAIVER OF WAITING PERIOD
SOUND HEALTH & WELLNESS TRUST

Member's Name

Social Security Number

Hours Month

Eligibility Month

Hire Date

Street Address or PO Box

City State Zip Code

The eligibility waiting period will be waived for firms and/or individuals who are new to participation and meet one of the following criteria. Please indicate which criteria qualify this member for a waiver of waiting period:

- 1. A participant who is new to coverage under the Sound Health & Wellness Trust and has transferred from coverage under another trust or plan, with continuous coverage between the two, while continuing to work for the same employer.
- 2. A participant who is new to coverage under the Sound Health & Wellness Trust on the initial effective date for participation by a new employer or group of employers which has previously provided health coverage through another trust or plan.
- 3. A participant transferring from a management position to a bargaining unit position while continuing to work for the same employer.
- 4. A participant who is called to active military duty and upon returning submits proof of such (discharge papers) will be granted eligibility immediately upon his return to employment.
- 5. A participant who moves from one participating employer to another within 30 days will retain eligibility in Plan A.

Comments: _____

Local Union

Date

Union Rep Name (please print clearly)

Union Rep Signature

(_____)
Union Rep Phone Number