Health Insurance Subsidy Eligibility Form

[Form to be completed by Fund Employee Annuitant and Returned in Enclosed Envelope]

(Please Print)

Member Name: ______________________________ **Member Number or Last 4 Digits of SSN:** ______________

Address: ______________________________ **Apt/Unit No.:** ____________

City: ____________________ **State:** __________ **Zip Code:** ____________

Phone Number: ____________________ **Email Address:** ____________________

<u>2017 through 2019 Healthcare Coverage Details</u>:

Please list healthcare coverage details for all periods between January 1, 2017 and December 31, 2019 where: (1) you, the above-named Fund member, were covered by a health insurance plan, including Medicare, and (2) you, the above-named member, either through an account on which you are named or an account established for your benefit, paid a monthly premium for that coverage during this period.

Coverage Start Date:	Coverage End Date:	Insurance Carrier:	Policy #:	Monthly Premium Paid Amount:	Employer Sponsored Plan (Y or N):

If you wish the subsidy to be treated as a non-taxable reimbursement of healthcare costs, <u>please provide proof of payment and coverage</u> for each period listed above to have your subsidy payment considered non-taxable. However, please note that if the healthcare plan you are participating in is an employer-sponsored plan in which premiums are paid pre-tax, the Fund will issue you a Form 1099 for the subsidy amount.

You should consult your tax advisor with any questions about tax issues related to these health insurance premium subsidies.

I, the above-named member of Laborers' and Retirement Board Employees' Annuity and Benefit Fund of Chicago, certify that the foregoing information is true, to the best of my knowledge and understanding, and will, if requested, cooperate in providing reasonable information supporting the foregoing facts.

______________________________ ______________

Signature **Date**

Please note that any person who knowingly makes any false statement to the Fund may be found guilty of a Class 3 felony pursuant to Section 1-135 of the Illinois Pension Code (40 ILCS 5/1-135).