

REQUEST FOR WAIVER OF WAITING PERIOD

**SOUND HEALTH & WELLNESS TRUST
(formerly known as Retail Clerks Welfare Trust)**

Member's Name

Social Security Number

Hours Month

Eligibility Month

Hire Date

Current Address: _____
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 qualifies this member for a waiver of waiting period:

- 1. A participant who is new to coverage under the Sound Health & Wellness Trust and who 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 that 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 that moves from one participating employer to another within 30 days will retain eligibility in Plan A.

Comments: _____

Local Union Signature

Date