

DATE: _____

TO:	Retiring Local 39 Member	
FROM:	Human Resources	
RE:	Optional Retirement Benefits	
NOTE:	Kaiser members who move out of state may be requir	ed to change medical plans.
	Local 39 Article 7.1.1, bargaining unit employees emplouly 1, 2017 are eligible to receive five (5) years of medic	
prior to	Local 39 Article 7.1.2, bargaining unit employees emploor July 1, 2017 shall fall under a grandfather clause and test. I understand that the option I select listed below is	retain retiree health and welfare
	Ten (10) years of medical for employee and spouse or vision for the employee	r domestic partner and ten (10) years of
	Eight (8) years of medical for employee and spouse of premiums at the time of retirement; eight (8) years of domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse or domestic partner (annual maximum of \$1500 and not of vision coverage for employee and spouse of the coverage for employee and the c	f dental for the employee and spouse or orthodontia coverage); and eight (8) years
	Five (5) years of medical, dental and vision for employee and spouse or domestic partner and a total of \$10,000 payable to the employee in the 6^{th} and 7^{th} years in \$5,000 installments at the end of each fiscal year	
	NO health and welfare benefits provided but will rece the end of each fiscal year for the next four years after	· · · · · · · · · · · · · · · · · · ·
Printed	l Name:	
Fmnlov	vee Signature:	Date: