



Joint Plumbing Industry Board Plumbers Local Union No.1 Trust Funds



Welfare Fund • Trade Education Fund • Additional Security Benefit Fund • 401(k) Savings Plan

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MES HELPER - SUMMARY OF MATERIAL MODIFICATIONS NUMBER 5 (SMM#5)

Please place this in your SPD for handy reference and safekeeping.
If you do not have an SPD, you may obtain a copy on our website at www.ualocal1funds.org or by making a written request to the Fund Office.

IMPORTANT!

This Summary of Material Modification (“SMM”) describes changes to the SPD for the Plumbers Local Union No.1 Welfare Fund (the “Welfare Fund”) issued in October 2014. These changes pertain to the Termination of Dependent Coverage and the time period to file HRA claims. These changes are effective January 1, 2017 unless noted otherwise.

SPD Pg. 13

Termination of Dependent Coverage

Benefits for Eligible Dependents end on the earliest of the following:

- The date the Employee’s eligibility terminates (see pages 2-3);
- For the Employee’s spouse and any step-child(ren), the first day of the month following the date the Employee and the step-child(ren)’s parent are divorced;
- Six (6) months after the date of death of an Eligible Employee;
- The date a Dependent becomes an Active Eligible Employee under this Plan;
- Upon the Dependent’s entry into military service;
- If you are covered under the Surviving Spouse Continuation of Coverage, coverage will extend up to three (3) months following the death of an Eligible Retired Employee.

Prior to October 1, 2013, you could not remove a Dependent who meets the requirements for an Eligible Dependent under the Plan in the absence of a Court Order requiring such removal. Since October 1, 2013, you can remove your spouse and any dependent children who have reached age 18 from your coverage under the Fund. In order to remove your spouse or dependent child(ren) (age 18 or over) from your coverage, you will need to submit a request in writing to the Fund Office and provide any additional information that may be required by the Fund. **Effective February 1, 2017, a written request to remove a Dependent from your coverage may be rescinded within 10 days from the date of disenrollment of the Dependent upon written notice to the Fund Office.**

The Fund Office may investigate the status of any Dependent. The Fund Office may require copies of court orders, property settlement agreements, divorce orders, birth certificates, paternity determinations, guardianship orders, adoption papers, tax returns or any other document or information related to the determination of an individual’s status as a Dependent.

If you remove your spouse or dependent child(ren) (age 18 or over) from coverage, they will **not** be eligible for COBRA coverage because the voluntary opting out of coverage is not a qualifying event under COBRA. In addition, if you remove an eligible individual from coverage, there will be very limited opportunities to re-enroll the individual in coverage. One opportunity is "Special Enrollment." In this case, if you terminated coverage for your spouse or dependent child(ren) (age 18 or over) because they had other health coverage, you will be able to re-enroll them in this Fund if they lose eligibility from that other coverage (or if the employer stops contributing toward that other coverage). In that case, you must request re-enrollment within 30 days after termination of such other coverage (or after the employer stops contributing to the other coverage).

If your spouse or other dependent does not qualify for Special Enrollment, you will have an opportunity to re-enroll that individual one time per consecutive "rolling" 12-month periods measured from the date that you terminated the individual from coverage. For example, if you terminate your spouse from coverage effective December 1, 2017, in the absence of eligibility for Special Enrollment, you will not be able to reenroll your spouse for coverage until December 1, 2018. In addition, you must give at least 30 days advance notice of your intent to re-enroll your spouse. In this example, you would have to notify the Fund Office in writing by no later than November 1, 2018 to apply for re-enrollment. If you do not reenroll your spouse for coverage beginning December 1, 2018, then you will have to wait until December 1, 2019 (with 30 days advance notice required). Such coverage will be prospective only; retroactive coverage will not be provided. Please note that your Employer will be required to make the same hourly contribution to the Fund for your coverage even if your spouse or other dependents opt out of coverage. Thus, it does **not** make financial sense for Active Employees to terminate coverage for dependents. However, if you are a surviving spouse of a deceased Eligible Employee receiving coverage for which you pay a portion of the cost, your premium will be lower if you drop a dependent from coverage.

How to File a Claim for HRA Reimbursement

Effective January 1, 2018, a claim can be filed up to thirty-six (36) months (rather than eighteen (18) months) from the date the reimbursable expense was incurred.

You or your provider must first submit a claim for the expense to any benefit plan in which you are covered for the same services. For a list of HRA expenses which may be submitted, see the Eligible Expenses section above. You must have itemized bills with the name of the patient and provider or the date(s) of service or supply and the type of service or supply for each expense. Canceled checks and balance forward statements cannot be used for claim purposes. You can submit a claim as often as necessary. The minimum claim payment is \$25.00. Reimbursement for Eligible Expenses is not made until you have submitted at least \$25.00 in reimbursable expenses and at least \$25.00 is available in your HRA account. Claims submitted or awaiting payment that are less than \$25.00 will be reimbursed quarterly. All reimbursements will be made payable to the Employee.

Claims for reimbursement are processed monthly.

Employees will receive an Explanation of Benefits for each claim. Account balance statements will be mailed to Eligible Employees at the end of each Plan Year.

The Board of Trustees will continue to work with the Welfare Fund's consultants in exploring ways to continue to provide quality and affordable health benefits to you and your families. If you have any questions, please contact the Plumbers Local Union No. 1 Welfare Fund Office at (718) 835-2700.