

Labor-Management Healthcare Fund

Initial Notice About Special Enrollment Rights 2017

To: Employees Who Are Eligible to Participate in the Labor-Management Healthcare Fund Healthcare Plan

Re: Notice of HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Labor-Management Healthcare Fund Healthcare Plan (the "Plan") (to actually participate, you must complete an enrollment form *[and pay part of the premium through payroll deduction]*). A federal law called HIPAA requires that we notify you about the following very important provision in the plan. Your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Special Enrollment Provision

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage) in order for enrollment to be effective back to your date of lost coverage. If you request enrollment within 60 days after your or your dependents' other coverage ends, your coverage will be effective as of the first day of the following month. If you request enrollment more than 60 days after your or your dependents' other coverage ends, you will have to wait until the next open enrollment in order to enroll in coverage under the Plan. **Loss of Coverage For Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program in order for enrollment to be effective back to the date of lost coverage. If you request enrollment more than 60 days after your or your dependents' coverage ends, you will have to wait until the next open enrollment in order to enroll in coverage under the Plan. **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption in order for enrollment to be effective as of the date you acquired the new dependent. If you request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption, coverage for your dependent will be effective as of the first day of the following month. If you request enrollment more than 60 days after the marriage, birth, adoption, or placement for adoption, you will have to wait until the next open enrollment in order to enroll your dependent in coverage under the Plan.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this Plan, you may be able to enroll yourself and your dependents in this Plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance in order for coverage to be effective as of the first day of the following month. Otherwise, you will have to wait until the next open enrollment in order to enroll in coverage in this Plan.

Collective Bargaining Agreement. If there is an approved change to the health benefits provided under a Collective Bargaining Agreement outside of the normal open enrollment cycle, a special enrollment for the employees in that bargaining unit will be permitted. You will be notified in advance if that should occur.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact your employer's Personnel/Human Resources department.