

**THE HEALTH AND BENEFIT TRUST FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 94-94A-94B, AFL-CIO**

**To: All Participants and Beneficiaries in the Health and Benefit Trust Fund of the International Union of Operating Engineers Local Union No. 94-94A-94B, AFL-CIO**

**From: The Plan Administrator of the Health and Benefit Trust Fund of the International Union Operating Engineers Local Union No. 94-94A-94B, AFL-CIO**

**Re: 2013 Open Enrollment for Adult Dependent Children**

**Date: November 29, 2012**

Please be advised that the 2013 annual open enrollment period for the Health and Benefit Trust Fund of the International Union of Operating Engineers Local Union No. 94-94A-94B, AFL-CIO (“Plan”) will take place between December 1 and December 31, 2012. Any change you make during this period will be effective on January 1, 2013.

**Open Enrollment Instructions**

If you would like to reinstate a dependent child who is at least the age of 19 and under 26 years old or if you have a child who is presently covered and will be 19 years old during 2013, you must complete the attached Affidavit and return it to the Fund Office by December 31, 2012 (along with the required verifying documentation (e.g., by providing a birth certificate or adoption papers), if necessary.

Copies of the Affidavit forms are also available at the Fund Office and on the Plan’s website at [www.local94.com](http://www.local94.com).

Please note that the Plan also provides a 30-day special enrollment opportunity to any dependent adult child that receives a termination of coverage letter from the Plan. Under this rule, you will have the opportunity to enroll your eligible adult child(ren) by filing an Affidavit with the Fund Office within 30 days of their receipt of a termination of coverage letter from the Plan, regardless if you failed to file an Affidavit during the Plan’s open enrollment period for this purpose. For example, if your dependent adult child will turn age 19 after May 15, 2013 and you failed to submit an Affidavit during the 2013 final open enrollment period, your child will have 30 days to file an Affidavit from the date that he or she received a termination of coverage letter from the Plan with regard to reaching their 19<sup>th</sup> birthday. In this regard, if your adult child received the termination of coverage notice from the Plan on August 16, 2013, you would have until September 15, 2013 to file an Affidavit in order to enroll them for coverage under the Plan, subject to their satisfaction of the applicable eligibility requirements under the Plan. This special enrollment opportunity will be independent of the Plan’s current annual open enrollment period for 2013.

**Important: This annual 2013 enrollment period is only open until December 31, 2012. If you submit your Affidavit and other required documentation by that date, enrollment will be effective on January 1, 2013. If you do not submit your enrollment materials for your adult dependent children who will be over the age of 19 (and under 26) in 2013 or for those who are eligible but not currently covered by the Plan that date, you will have to wait until the Plan's next open enrollment period to enroll such dependent children (unless you have a qualifying life event or your child is eligible for a 30-day enrollment opportunity upon receipt of a termination of coverage letter from the Plan).**

To obtain more information about the annual enrollment opportunity or to request an Affidavit, please contact the Plan Administrator during normal business hours at: 331-337 West 44th Street, New York, New York, 10036, telephone number: (212) 541-9880.

### **IMPORTANT GOVERNMENT NOTICE REGARDING THE PLAN'S GRANDFATHERED PLAN STATUS**

As of the date of this Notice, the Trustees believe that the Fund is a "grandfathered plan" as such term is defined under the Patient Protection and Affordable Care Act of 2010 (more commonly known as Health Care Reform). As permitted by Health Care Reform, a grandfathered health plan can preserve certain basic health coverage that was already in effect when Health Care Reform was enacted. Being a grandfathered health plan means that the medical coverage that you have elected under the plan may not include certain consumer protections of Health Care Reform that apply to other group health plans, for example, the requirement for the provision of preventive health services without any cost sharing (*i.e.*, copayments, coinsurance, deductibles). However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits and extension of coverage to dependents until age 26. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator during normal business hours at: 331-337 West 44th Street, New York, New York, 10036, telephone number: (212) 541-9880. You may also contact the Department of Labor at (866) 444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered plans.

**THE HEALTH AND BENEFIT TRUST FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 94-94A-94B, AFL-CIO**

**Affidavit Regarding Enrollment of Adult Child for the 2013 Annual Open Enrollment Period**

*(If enrolling more than one child, complete a separate Affidavit for each child.)*

***If your covered dependent children will be under the age of 19 during the 2013 calendar year you do not need to complete this Affidavit.***

1. I, the undersigned, am a participant in the Health and Benefit Trust Fund of the International Union of Operating Engineers Local Union No. 94-94A-94B, AFL-CIO (the "Plan").
2. I have been informed by the Plan that, effective as of January 1, 2011, the Plan offers coverage to participants' children up to age 26, regardless of whether the child is a student, married or unmarried, or a tax dependent of the participant, or any other factor than the relationship between the participant and child. However, in order to receive such coverage, children who are at least 19 (but below age 26) cannot have **access**<sup>1</sup> to health insurance coverage through an employer (besides that of another parent's employer). Eligibility for coverage under a group health plan of the child's spouse's employer constitutes "health insurance coverage through an employer". If the child is married, coverage however, will not be extended to the child's spouse or children.
3. I understand that the **annual open enrollment period for 2013 will end on December 31, 2012** for children who will be the age of 19 during the 2013 calendar year (and under the age of 26) and were covered under the Plan and lost coverage due to attaining the limiting age (before the Plan extended coverage to age 26), or who were denied coverage (or not eligible for coverage) due to the Plan's limiting age.

4. I hereby request enrollment of the following child:

Name of Child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

5. **I understand that if the Plan does not receive this signed affidavit on or before December 31, 2012 (for coverage effective, January 1, 2013), I will have to wait to enroll the above-named child and any other dependent children who will be the age of 19 during the 2013 calendar year (and under 26 years old) until the next annual enrollment period (unless such child is eligible for a 30-day enrollment opportunity related to the dependent child's receipt of a termination of coverage letter from the Plan).**

**(Turn Over; and Complete and Sign Next Page)**

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<sup>1</sup> **Access** – denotes that the dependent child is eligible to enroll in, or purchase health coverage through an employer (regardless of the costs of that coverage or the benefits that it provides).

**Certification of Parent/Participant:**

By signing this form, I confirm that I understand that:

- I am required to notify the Plan Administrator immediately in writing if any dependent child who is at least 19 years old (and under 26 years old) becomes eligible for other employer coverage or if any other statement made herein is no longer true or correct, and
- If I apply for or continue coverage for anyone who is not eligible under the Fund or if I don't notify the Fund of my child's eligibility for other employer coverage, this may be considered fraud or intentional misrepresentation and coverage may be rescinded or terminated to the extent permitted by law. In addition, I agree to be liable for any and all claims presented and paid on behalf of my ineligible dependent(s) by the Fund.

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Participant's SSN

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Certification of Child:**

I hereby swear that I am not eligible to enroll or have access to health insurance coverage through an employer (other than a plan of another parent), such as coverage available through my employer or, if applicable, my spouse's employer.

\_\_\_\_\_  
Signature of Child

\_\_\_\_\_  
Date