

**REQUEST FOR INFORMATION  
FROM 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 Dependents 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: **Request for Participant and Dependent Information – Action Required**

Date: December 4, 2014

The Patient Protection Affordable Care Act imposes new reporting requirements on group health plans such as the Health and Benefit Trust Fund of the International Union Operating Engineers Local Union No. 94-94A-94B, AFL-CIO (“Plan”). Generally speaking, the Plan is required to report coverage information about covered participants and their dependents by filing an annual information return with the Internal Revenue Service (“IRS”).

Among the information to be reported to the IRS, the Plan must provide the name, address and taxpayer identification number (generally Social Security Number) for each participant and the name and taxpayer identification number (generally Social Security Number) for their spouse and dependents, if any, covered under the Plan. If you or a dependent does not have a tax identification number, the Plan will need to confirm such person’s date of birth. To this end, please find enclosed a copy of the Plan’s form for purposes of obtaining this and the other required information from you. **Please complete this form and either personally deliver it during normal business hours or mail it to the Fund Office at: 331-337 West 44th Street, New York, New York, 10036 on or before 12/31/14.**

As a reminder, the Plan is committed to reasonably and appropriately protecting the confidentiality, integrity, and availability of your personal and protected health information in accordance with the applicable requirements under the law. Your cooperation is greatly appreciated and necessary in order to ensure compliance with the new reporting under the law. If you have any questions with regard to this matter, please contact the Health and Benefit Fund at (212) 541-9880.

Health and Benefit Trust Fund of the International Union  
of Operating Engineers Local Union No. 94-94A-94B, AFL- CIO

The Patient Protection Affordable Care Act imposes new reporting requirements on group health plans. Please provide the following information for you and your dependent(s) below.

**PLEASE PRINT**

**Full Name**

Last Name, First

**Social Security Number**

**Date of Birth**

Month Day Year

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Dependent

\_\_\_\_\_  
Dependent

\_\_\_\_\_  
Dependent

\_\_\_\_\_  
Dependent

\_\_\_\_\_  
Dependent

I certify that the information that I have provided above, for myself and my eligible dependents, is true, correct, and complete according to the best of my knowledge and belief.

Date \_\_\_\_\_

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

**You may either personally deliver or mail this completed form to the Health and Benefit Trust Fund of the International Union of Operating Engineers Local 94, 94A, 94B, 331-337 West 44<sup>th</sup> Street, New York, NY, 10036.**

**Please be assured that the Health and Benefit Trust Fund of the International Union of Operating Engineers Local 94, 94A, 94B is committed to reasonably and appropriately protecting the confidentiality, integrity, and availability of electronic protected health information (PHI) that it creates, receives, maintains, or transmits on behalf of the group health plan.**