

To: All Commercial Division Retiree Participants and Beneficiaries in the Health and Benefit Trust Fund of the International Union of Operating Engineers Local 94-94A-94B, AFL-CIO ("Plan")

From: The Health and Benefit Trust Fund of the International Union Operating Engineers Local 94-94A-94B, AFL-CIO ("Health and Benefit Fund")

Date: May 3, 2023

Re: Commercial Division - Retiree Premium Increases Effective June 1, 2023

As you may recall, retiree premiums are subject to change from time to time. Effective June 1, 2023, the Commercial Retiree Premiums will be increasing. As a reminder, there have not been Retiree premium increases since June 1, 2021. Listed below are the Retiree premiums for each Commercial Retiree Benefit Plan effective June 1, 2023.

| Retiree Plan | Retiree Premium effective 6/1/2023 |
|------------------------------------|---|
| Commercial Retired Basic | \$475.00 |
| Commercial Retired Medicare | \$475.00 |
| Commercial Retired PPO | \$1,025.00 |

If your premiums are being deducted via ACH you must also complete the enclosed *Commercial Retiree Benefits Authorization Agreement for Automatic Debit Withdrawal (ACH Debit)* authorizing the dollar amount for Retiree premiums effective June 1, 2023. **You must complete the enclosed ACH Debit form and return it to the Fund Office by May 19, 2023.**

NOTE: If you are currently paying your premium by check, your monthly premium payment is due on the 20th of the prior month or the next immediately following business day if the 20th of the month falls on a weekend or federal holiday. For example, in order to maintain your September 1, 2023 coverage, your monthly premium payment check must be received by the Fund Office no later than August 21, 2023 (due to the weekend).

Please remember there is a grace period of thirty (30) days to pay the monthly Retiree premium payment. If payment of the amounts due is not made by the end of the applicable thirty (30) day grace period, your health coverage under the Plan will terminate as of the end of the last month for which you timely paid and, thereafter cannot be reinstated. Administrative extensions will not be granted beyond the 30-day grace period.

If you have any questions, please contact the Health and Benefit Fund directly at 212-331-1800.

encl: *Commercial Retiree Benefits Authorization Agreement for Automatic Debit Withdrawal (ACH Debit)*

THE HEALTH AND BENEFIT TRUST FUND OF THE INTERNATIONAL UNION OF OPERATING
ENGINEERS LOCAL 94-94A-94B, AFL-CIO
COMMERCIAL RETIREE BENEFITS
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT WITHDRAWAL (ACH DEBIT)

EFFECTIVE JUNE 1, 2023

Participant's Name _____ SS# _____

I hereby authorize the Health and Benefit Fund of the I.U.O.E. Local Union 94-94A-94B to initiate debit entries to my Checking Account or Savings Account as indicated below at the Bank named below for payment of my monthly Retiree premiums and to debit the amount indicated below from such Account. I acknowledge that the origination of ACH transactions to my Account must comply with the provisions of federal law.

The Account information I wish to provide in order to have my monthly retiree premiums automatically debited from my Account is as follows:

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Checking Account (attach a voided check) Savings Account

I understand that if my dependent(s) and I choose two (2) different levels of coverage, only the higher of the two (2) premiums is required for both levels of coverage. The premium I wish to have automatically debited from my Account is:

Medicare Retiree - \$475.00/mo. Basic Retiree - \$475.00/mo. PPO Retiree - \$1,025.00/mo.

Additionally, I hereby authorize the Health and Benefit Fund of the I.U.O.E. Local 94-94A-94B to make any necessary debit and/or credit entries to correct any error in the amount originally debited. I also accept responsibility for any and all bank fees charged to my Account due to insufficient funds in my Account at the time of an ACH debit.

This Authorization is to remain in full force and effect until superseded by a new Authorization or the Health and Benefit Fund of the I.U.O.E. Local 94-94A-94B receives written notification from me of its termination in such time and in such manner as to afford the Health and Benefit Fund of the I.U.O.E. Local 94-94A-94B and the Bank a reasonable opportunity to act on it. A revocation can only be applied prospectively.

Participant's Signature _____

Date _____

Please continue to mail in premium payments until you receive verification from the Fund Office that your application has been approved and an implementation date has been set. Debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the Authorization.