



Health and Welfare Fund

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September 1, 2006

OHIO CARPENTERS HEALTH PLAN **NOTICE OF CHANGE EFFECTIVE JANUARY 1, 2007**

The Trustees of the Ohio Carpenters Health and Welfare Plan have enacted the following change **effective January 1, 2007**. This change applies to spouses of participants with access to Health Care through their employer.

Spouses With Access To Health Care Coverage Through Their Employers (Effective January 1, 2007)

- 1) The working spouse of a Plan participant must obtain health care coverage if health care coverage is available through the working spouse's employer at a cost of less than One Hundred Dollars (\$100.00) per month. (These costs will periodically be increased).
- 2) If a working spouse does not obtain this health care coverage when available from the spouse's employer, the Plan will apply its coordination of benefits provisions as if the spouse had such employee-only health care coverage from the employer. In other words, benefits through Ohio Carpenter's for working spouses will be reduced if the spouse does not comply with the above provision.
- 3) The working spouse must obtain health care coverage only if the working spouse is a "full-time employee." Whether a working spouse is a "full-time employee" depends on the rules and employment classifications established by the working spouse's employer. The Board of Trustees has the right to suspend claim processing until the Board receives confirmation from the working spouse's employer that the working spouse is or is not a "full-time employee."
- 4) You may be asked to certify that you are in compliance with this policy on a periodic basis and/or whenever you file a claim. If you do not respond, your claims will be suspended. If you respond and indicate that you are not in compliance, your claim will be processed at reduced levels.
- 5) The cost of the working spouse's health care coverage may be reimbursed from the participant's Medical Reimbursement Account (if any) after the working spouse has paid for the coverage.
- 6) The enrollment requirement is effective with the month following the month in which a working spouse is eligible to obtain health care coverage that is available through the spouse's employer. If the working spouse cannot immediately obtain health care coverage through the spouse's employer because, for example, of a waiting period, the spouse must obtain coverage as soon as it becomes available. It is in the best interest of the working spouse to enroll in their employers health coverage during the next open enrollment.

**ELECTION APPLICATION FOR TYPE OF COVERAGE
SINGLE ONLY OR FAMILY/DEPENDENT
JANUARY OPEN ENROLLMENT PERIOD**

To Participant: Name (Please Print): _____

 Social Security Number: _____

 Address: _____

This completed election form must be received in the Fund Office by January 31, 2007. Please use enclosed envelope and return to Fund Office.

The standard form of benefits is single coverage. However, you may elect family coverage. **An important notice regarding a change in spousal coverage effective January 1, 2007 is printed on the backside of this form.** Your election may be changed during the enrollment period each year in January. Pre-existing condition provisions apply to dependents returning to Plan Coverage.

Employees must furnish required information regarding dependents, marriage certificates, coordination of benefits, etc. For changes in elections, no retroactive coverage shall be allowed or considered. Your election does not become effective until received by the Fund Office. **Please note that family coverage does not become effective until all required documentation is received.**

ELECTION OPTIONS – Select One Only

1. ELECT SINGLE COVERAGE

I wish to elect single coverage under the plan as allowed during the January open enrollment period per the Rules and Regulations of the plan. I understand that I may not change my coverage again until the next open enrollment period unless there is a qualifying event.

Date _____ Signature _____

2. ELECT FAMILY COVERAGE

I wish to elect family coverage under the plan as allowed during the January open enrollment period per the Rules and Regulations of the plan. I understand that I may not change my coverage again until the next open enrollment period unless there is a qualifying event.

Date _____ Signature _____

BOTH SIDES MUST BE COMPLETED AND RETURNED TO FUND OFFICE

IMPORTANT NOTICE - MUST BE COMPLETED

Working Spouse Rules For Coordination of Benefits

Effective 1/1/07 if your spouse is eligible for coverage under another employer's plan as a full-time employee, and their employee contribution amount is less than \$100 per month for single coverage, the spouse/dependent **must** enroll in the company's plan or benefits may be reduced under your Plan. **Please complete and return if spouse is employed or not employed - please note:**

Name of your Spouse: _____

Birthday of your Spouse: _____

Spouse's social security number: _____

Circle One - your Spouse is: Not Employed Employed Full Time Part Time Retired

If employed, name of Employer: _____

If employed, Spouse's employer's phone number: _____

Is Spouse insured (other than this Plan)? Yes No, Termination Date: _____

If Yes, Name of Spouse's group health benefit carrier (other than this Plan): _____

Single Coverage or Family Coverage? _____

Cost per month: _____

Spouse's Signature: _____

Member's name: _____

Member's social security number: _____

Date: _____