



**IBEW LOCAL UNION NO. 22/NECA
HEALTH and WELFARE TRUST FUND**

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November 10, 2018

To: All Greater Nebraska Eligible Active Plan Participants

From: Fund Administrator

Subject: **2019 Open Enrollment Period Notice - Opportunity to Enroll Dependent Child Not Currently Covered by the Plan**

Please read this letter and all enclosed documentation carefully. Please return the enclosed Enrollment Form and required documentation if you wish to enroll a Dependent child that is not currently covered by the Plan.

The Board of Trustees for the IBEW Local 22/NECA Health and Welfare Plan ("Plan") has decided to provide Eligible Employees an opportunity to elect coverage for Dependent children who are not currently covered by the Plan, subject to the Plan's applicable monthly additional premium rates detailed on page 2 of this letter. **This opportunity begins now and ends on December 15, 2018.**

If you want to elect coverage for a Dependent child that is not listed above, you must submit the enclosed Enrollment Form to the Fund Office by December 15, 2018. If your Dependent child's Enrollment Form is postmarked or otherwise positively received by the Fund Office by December 15, 2018, your Dependent child will be eligible for coverage from the Plan effective January 1, 2019. **If your Dependent child's enrollment form is not postmarked or otherwise positively received by the Fund Office by December 15, 2018, you may not obtain coverage for that Dependent child until January 1, 2020** unless that child is entitled to a special enrollment period. For information about special enrollment periods, see the enclosed, "Notice of Special Enrollment Rights for Dependent Children".

Enclosed is an Enrollment Form. You must fill out this form and return it to the Fund Office by December 15, 2018 if you want to elect coverage for a Dependent child who is not currently covered by the Plan.

If you do not know whether or not your child meets the Plan's definition of "Dependent" please read the following definition and/or contact the Fund Office:

The child of an Eligible Employee is an eligible Dependent if the child meets the criteria of subsections (1) and (2) below.

(1) He has one of the following relationships to the Eligible Employee:

- He is the son, daughter, stepson, or stepdaughter;
- He is an eligible foster child*;
- He is legally adopted or lawfully placed with the Eligible Employee for adoption so long as the child is adopted or placed with the Eligible Employee for adoption prior to his 18th birthday; or
- He is a child for whom the Eligible Employee has legal responsibility for by virtue of a court order for custody and support or maintenance (including a legal guardianship), or who is the subject of a Qualified Medical Child Support Order (“QMCSO”)**.

(2) He meets one of the following conditions:

- He is under the age of 26; or
- He is permanently and totally disabled and the disability began before the child would have lost coverage under the Plan if not for the disability.

* A foster child means an individual who is placed with the Eligible Employee by an authorized placement agency or by judgment, decree or other order of any court of competent jurisdiction. In order for a foster child to be covered under the Plan, no parent can claim the child as a “qualifying child” under the tax code and the non-parent Eligible Employee must have a higher adjusted gross income than any parent of the child.

** A child is considered an eligible Dependent if the Plan receives a Qualified Medical Child Support Order (“QMCSO”) from the court ordering the Plan to provide coverage to the child as the Alternate Recipient under the QMCSO. A National Medical Child Support Notice received by the Plan from a state agency regarding coverage for a child will also be treated as a QMCSO. The Plan will review the QMCSO and determine whether it is qualified in accordance with the Plan’s written procedures for handling medical child support orders. The Plan’s procedures for handling medical child support orders will be provided to an Eligible Employee or beneficiary upon request and free of charge.

Employee only coverage is automatically extended to participants when the Plan’s eligibility requirements have been met. Dependent coverage is extended only to those enrolled/eligible dependents for which the Fund Office has received the additional monthly premium payment from the participant:

<u>Coverage</u>	<u>Monthly Premium</u>
Employee and Spouse	\$348.00
Employee and Child or Children	\$174.00
Family (Employee + Spouse +at least one child)	\$453.00

What is included with this letter?

- An Enrollment form and ACH form
- Form for Dependent Child to Decline Coverage
- Special Enrollment Rights Notice for Dependent Children
- A return envelope

If you have any questions about this notice and would like assistance please feel free to contact our office at (402) 592-3753 or toll free at (866) 315-1739.

Sincerely,

The Fund Office