

May 2011

Dear Participant & Adult Child:

Enclosed please find the Special Enrollment Form to enroll adult children in the EIT Health and Welfare Plan. As provided for in the provisions of the Patient Protection and Affordable Care Act (“PPACA”) children whose coverage previously terminated due to their age are being provided an opportunity to enroll in the Plan during a special enrollment period beginning May 16, 2011 and ending on June 30, 2011. Coverage for these children will be effective on July 1, 2011 which is EIT’s PPACA compliance date.

As stated in prior EIT communications, participants must be eligible for coverage on July 1, 2011, in order to enroll adult child dependents in the plan. An original government-certified (i.e. certified copy) birth certificate for the child must be submitted with the special election form. All original documents submitted will be copied and returned to you. Beginning July 1, 2011, EIT will no longer require proof of full-time student status or proof of disability for dependent children ages 19 – 25.

Please carefully review and complete the enclosed election form which must be received by EIT no later than June 30, 2011. Any election forms received by EIT after June 30, 2011, will not be processed and your child will not be enrolled in the Plan. If you have any questions please contact EIT at 312-782-5442.

Sincerely,

EIT Benefit Funds

ELECTRICAL INSURANCE TRUSTEES HEALTH AND WELFARE PLAN

SPECIAL ENROLLMENT FORM

Please complete this form in its entirety and return it along with the required documentation to the Fund Office.

1. Participant Information:

Name _____

Social Security Number _____

Address _____

2. Information about Child:

Name _____

Social Security Number _____

Child's Date of Birth _____

Child's Gender _____

Child's Relationship to You (son, daughter, step child, etc.)

Child's Address if Different from Yours

3. Signature

I wish to enroll the child listed above in the EIT Health and Welfare Plan. I affirm that the information provided on this form is true and accurate. I further affirm that if any information changes, I will notify the Fund Office within 30 days.

Participant's Signature

Date

Please mail or deliver this form and **certified documents** – not photo copies – to
EIT, 221 N LaSalle Street, Suite 200, Chicago, IL 60601-1214.

You must submit a certified copy of the child's birth certificate. If the participant is not the natural parent of the child, you must also provide the Plan with all pertinent court documents (divorce decree, paternity orders, etc.). All certified documents will be returned to you