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A Guide to Understanding Your Benefits



When Life Brings Changes

Life events such as getting married or divorced, becoming a parent, becoming disabled, retiring or the death of a dependent have an impact on your health and welfare benefits. In this issue of the *EIT Communicator* we would like to remind you that when these types of changes take place in your life you should contact the Fund Office. For information about how these events affect your coverage, please also look at the "What Happens If" section of your Health Care Booklet.

Event

What You Need to Do for Your Health & Welfare Benefits

You Gain a New Dependent
As a result of a marriage, birth or adoption of a child

- Enroll your new dependent within 30 days of the event (e.g., 30 days after your marriage or the birth/adoption of a child).
- Contact the Fund Office for information about adding a dependent to your plan; depending on the circumstance, you will need to provide proof of the change (e.g., marriage or birth certificate, finalized copy of adoption papers (in English) or interim court order).

You Become Disabled
As a result of an accident or injury

- You or your beneficiary must notify the Fund Office of your disability to obtain the appropriate forms.
- If you become ill or are injured and are unable to work, you need to notify the Fund Office within 365 days of the illness or injury.
- You may also be eligible for COBRA continuation coverage when your health care coverage would otherwise end. In the event of a disability, COBRA coverage may be continued for up to 29 months.

You Have a Workers' Compensation Claim
As a result of an occupational injury or illness

- To continue coverage you must have filed a claim with your employer and Workers' Compensation.
- Contact the Fund Office to determine if you are eligible for insurance eligibility credit.

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Fund Office:

Hours: 8:30 a.m. to 4:30 p.m.
Phone: 1-312-782-5442
Fax: 1-312-782-4431
SUB Fax: 1-312-782-7240

Event

What You Need to Do for Your Health & Welfare Benefits

Your Dependent is No Longer Eligible
As a result of a child reaching legal age, divorce/legal separation or death

- Contact the Fund Office to notify them that your dependent is going to lose eligibility within 30 days of the loss of eligibility.
- The Fund Office will provide your dependent with information on COBRA continuation coverage procedures, election forms and costs.
- Ex-spouses and stepchildren who are no longer eligible for coverage because of divorce or legal separation may be able to continue coverage through COBRA for up to 36 months from the date on which coverage ends.
 - Notify the Fund Office of the divorce or legal separation as soon as possible. Coverage is terminated immediately upon your divorce or legal separation, your ex-spouse and stepchildren will receive COBRA information, including COBRA procedures, election forms and costs.
 - If you do not notify the Fund Office of your divorce or legal separation and the plan pays benefits for an ineligible dependent (e.g., an ex-spouse or stepchild), you may be required to reimburse the plan for any such benefits paid.
- If a dependent dies:
 - Notify the Fund Office to cancel dependent health care coverage, and
 - Update your beneficiary designations for Pension Plan No. 5, ASB Plan and death benefits.
- Consider adjusting your W-2 withholding rate.

You Are Laid Off

- You may apply for COBRA continuation of coverage.
- For death benefits, you may be eligible to convert to an individual policy.
- If you are an Electrical Construction Worker or a Communication member, your health care coverage may continue if you are registered through the Referral Hall and available for work. You might be eligible to make self-pay contributions for up to three consecutive quarters. You will be notified if you are eligible for self-pay.

You Terminate Employment

- If you terminate your employment with a contributing employer, your benefit coverage will end. However, you may be able to continue your health care benefit coverage for yourself and your eligible dependents for a limited period of time under COBRA.
- When your or your covered dependents' health care coverage under the plan ends, you will receive a certificate of prior health coverage. Show this to your new employer to avoid a loss of coverage and/or pre-existing condition limitations.

You Retire

- Contact the Fund Office to determine if you qualify for a retirement benefit.
- Contact Local Union #134 for information concerning the NEBF and IO pensions.
- Contact the Social Security Administration at **1-800-772-1213** at least three months before you plan to retire to apply for Social Security and Medicare Benefits.

You Die

- Your surviving spouse and dependent children will continue to be eligible for health care coverage for a predetermined number of days, based on the bargaining agreement under which you are covered.
- Your spouse and eligible dependent children may apply for continued coverage under COBRA.
- Your beneficiary may be eligible for life insurance benefits. Your beneficiary must contact the Fund Office and complete a claim form within one year following your death.
- If you die as the result of an accident, your beneficiary must contact the Fund Office and complete a claim form within 90 days of the date of the accident or death.

Benefit Notice

Periodically, we are required to notify you that mastectomy procedures are covered by the Electrical Insurance Trustees Health & Welfare Plan, including:

- Reconstruction of the breast on which the mastectomy has been performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

Meet Mark Cavanagh

Mark has been with the Fund Office since 1999 working in the Collections Department as a Collections Coordinator. Mark's job is to ensure that participating Local 134 contractors make the appropriate contributions for members' health and welfare and pension benefits.

Mark recommends members keep their pay stubs and compare them with the quarterly contribution statements they receive from the Fund Office to confirm that all the hours worked were reported and contributed. "If there is a discrepancy between the hours worked and those reported, we use the member's pay stubs to resolve it," Mark says.

Mark, a lifelong Chicago-area resident, enjoys golfing to unwind during his time away from work, "I golf as much as I can" Mark says. In addition to spending time on the golf course, Mark also enjoys reading magazines and traveling. ❖

Global Med Net "In to Win" Contest

In August Global Med Net, a free service that will supply emergency medical personnel with your medical history in an emergency, sponsored the "In to Win" contest. Everyone enrolled in Global Med Net was automatically entered into the contest. Jewel/Osco gift certificates were awarded to 21 lucky winners. The winners are:

- Grand Prize, \$500 gift certificate: Mrs. Richard Thieme.
- \$100 gift certificate winners are: James Tomic, Faye Jacobs, Robert Justice, Mark Przespolewski, Terrence McGuire, Robert Hengels, Vern Johnson, John O'Keefe, Ronald Krajcovic, Richard Broughton, Edward Swanson, Harry Kratzer, Ralph Jones, Frank Carroll, August Stipak, Jr., Jason Popp, Frederick Carrell, Donald Cooper, Dale Deschamps and John Skoney.

Congratulations to all of you!

If you're interested in joining Global Med Net, contact them at **1-800-650-7283**. ❖

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Protect Your Benefits With ERTS!

In last April's *EIT Communicator* we introduced you to the new Electronic Reciprocal Transfer System (ERTS). ERTS makes it easier than ever to ensure you receive the proper credit for your Pension and Health & Welfare contributions when you do any work outside of the jurisdiction of Local Union 134. And, because all changes are done on line, it's faster, easier and more accurate than the old system. If you haven't registered yet, we encourage you to do so. Initial registration must be done in person. Simply come to a registration site and staff members will assist you. The registration sites are:

ERTS Registration Sites	Hours
Electrical Insurance Trustees 221 North LaSalle, Suite 200 Chicago, IL	Monday through Friday 8:30 a.m. to 4:30 p.m.
Referral Hall 1140 Lake Street Oak Park, IL	Monday through Friday 9:00 a.m. to 12:00 p.m. 1:00 p.m. to 3:00 p.m. Saturday
Union Hall 600 West Washington Chicago, IL	Monday through Friday 8:00 a.m. to 4:00 p.m.

If you've already registered, remember to log-on to ERTS at www.ibew.org whenever you work outside of Local Union 134.

Ask EIT

Q: What is the difference between deductible, copay and out-of-pocket maximum?

A: The deductible is the amount you pay for covered services before the plan begins to pay benefits.

The copay is the fixed dollar amount you pay for office visits or medications — for example, you pay a \$15 copay for an in-network office visit, a \$9, \$15 or \$25 copay for retail medication purchases and a \$15, \$25 or \$30 copay for mail order medications. These copays do not apply to your deductible nor are they applied to your yearly out-of-pocket maximum. The out-of-pocket maximum consists of the dollar amount you pay toward your deductible plus the copay percentage (10% or 20%) you pay for other covered medical services.

Q: I seem to get a lot of mail from Electrical Insurance Trustees; do I need to read it all?

A: Yes! The law requires that we provide each participant with annual financial statements

pertaining to the various health and pension plans we administer. More importantly, the communication pieces we issue are meant to keep you informed of important changes to your health plan. By not reading the information we provide, you could miss important benefit information. If you neglect a plan requirement after we've met our obligation to notify you by mail — to your last known address — it could cost you money! It is imperative that you keep your address current so you can continue to receive all plan information.

You can fax (**1-312-782-4431**) or e-mail (**ASKEIT@fundoffice.org**) your general information questions directly to Ask EIT. Each quarter we try to provide answers to questions asked by our members. Ask EIT cannot answer member specific questions in this space. For information specific to you, always call the Fund Office at **1-312-782-5442**.



This newsletter contains information on various benefits, but it does not give you all of the details. The official plan documents have all of the details. If there are any differences between this newsletter and the plan documents, the plan documents will govern. If you have any questions about your benefits, please contact the Fund Office at **1-312-782-5442**.



Your EIT Newsletter!

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