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Don't Miss This Year's Benefit Fair – October 26th

Learn more about your EIT benefits, ask questions and receive free screenings and vaccines at the 17th Annual Benefit Fair.

Why should I attend the Benefit Fair?

1. **Get answers to your EIT benefits questions.** Talk to on-site benefits representatives about your medical, prescription, vision and retirement benefits.
2. **Check up on your overall health.** Complete a free 15-minute biometric screening.
3. **Get a free flu shot.** Just bring a valid driver's license or state ID. Pneumonia and tetanus shots will also be available.
4. **Save a life by donating blood.** Local 134 will be hosting a blood drive with Vitalant (*formerly LifeSource*).
5. **Enter to win a \$100 Visa gift card.** See below for details. *This is available to actively covered members and spouses only.*

SAVE THE DATE!

Saturday, October 26, 2019, 8 a.m. to 2 p.m.

IBEW Union Hall, 2722 S. Martin Luther King Dr.

Hosted by EIT and Local 134. See the back cover for information on how to RSVP and be entered to win one of two \$100 Visa gift cards.

OCTOBER

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PROTECT YOURSELF FROM THE FLU

Get a free flu shot by visiting one of 68,000+ network pharmacies.

For more information, call CVS Caremark at **(800) 566-5693**.

Your EIT Benefits Toolkit

You have access to great benefits from EIT—but in order to make the most of them, you have to know how to use them. This benefit toolkit gives you a basic overview of how to manage your EIT benefits. Don't see your question here? Call the Fund Office at **(312) 782-5442**.

? What do I need in order to add a dependent to the EIT Health & Welfare Plan?

You may add a new, eligible dependent at any time. It is important to note, however, that the Plan is only able to add a dependent retroactive to the date of marriage or birth if such enrollment occurs within 12 months after the marriage or birth. To add an eligible dependent to the Plan, you must submit the following supporting documentation:

Eligible Dependents	Required Documentation
Spouse	<ul style="list-style-type: none">✓ Original or court-certified marriage certificate;✓ Original or court-certified birth certificate;✓ Copy of Social Security card; and✓ Health insurance information, if spouse is covered under another plan for purposes of coordination of benefits.
Children (under age 26)	<p>For All Children:</p> <ul style="list-style-type: none">✓ Original or court-certified birth certificate or order of paternity; and✓ Copy of Social Security card. <p>Step-Children:</p> <ul style="list-style-type: none">✓ Original or court-certified marriage certificate; and✓ Original or court-certified birth certificate, which must contain name of the child's parent listed on marriage license. <p>Adopted Children (or children placed in your home for adoption):</p> <ul style="list-style-type: none">✓ Final adoption papers or interim court order <p>Qualified Medical Child Support Order (QMCSO):</p> <ul style="list-style-type: none">✓ Court decree verifying obligation to provide medical benefits for a dependent child <p>Note: Newborns will be covered for the first 30 days following birth without a birth certificate. After 30 days, coverage will terminate unless the required documentation listed above is provided.</p>
Disabled children (age 26 and older)	<p>In addition to the required documents listed above for children under age 26:</p> <ul style="list-style-type: none">✓ Proof of disability, including diagnosis and treatment by a physician✓ Proof of financial dependency <p>Note: The request for adding a disabled dependent must be made no later than 31 days before your child turns age 26. You may be requested to periodically provide proof of continued disability.</p>

? How do I remove a dependent from my EIT benefits?

If you get divorced, you must contact the Fund Office to remove your former spouse and any possible step-children from your benefits. You will be asked to supply a copy of your divorce papers as proof of the change. You will be responsible for any claims incurred after the date of divorce, so it is important that you report any change in your marital status immediately to the Fund Office. You should also consider updating your beneficiary information for your Pension Plan 5 (if applicable) and your Group Life Insurance through EIT.

? How do I update my beneficiary?

Your beneficiary is the person (or people) who is eligible to receive a benefit if you pass away. It's important to regularly check that your named beneficiaries are who you want to get any benefits that may be owed after your death. To check your beneficiary information, log into your EIT online account by visiting www.fundoffice.org, and clicking *Participant Information* followed by *Participant Login*.

? How do I update my contact information?

Keeping your contact information up-to-date with the Fund Office helps us ensure that you receive important information about your EIT benefits in a timely manner. To update your contact information, log into your Member Self-Service Account by visiting www.fundoffice.org, and clicking *Participant Information* followed by *Participant Login*.

? What is the difference between a predetermination and a preauthorization and why are they important?

Predetermination means requesting approval of your Health & Welfare Plan benefits before your procedure/service is performed. The predeterminations are driven by the procedure code provided to BCBSIL by the provider. BCBSIL has a special medical review unit that reviews the medical request for service to determine if the procedure/service is medically necessary and if it meets the BCBSIL medical policy criteria for coverage. For example, if you need physical therapy in excess of the covered 30 visits per person per diagnosis per year, you must get these extra services approved (predetermination). For information on how to do this, contact Blue Cross Blue Shield at **(800) 862-3386**.

Preauthorization means that your doctor/physician has deemed a procedure/service as “medically necessary” prior to treatment. For example, procedures like hospital admissions, organ transplants, CAT scans typically require preauthorization before you receive treatment. You or your provider must contact the Blue Cross Blue Shield Medical Service Advisory at least three days before treatment for non-emergency hospital admissions and within 48 hours following an emergency hospital admission. When you call, you will need to provide the following information:

- Name, address and telephone number of the attending and/or admitting Physician;
- Name of the hospital/location where the admission has been scheduled;
- Scheduled admission date; and
- Preliminary diagnosis or reason for the admission.

Of course, even with a predetermination or preauthorization, you must also be covered under the Health & Welfare Plan at the time of service.

? What should I do if I get hurt at work?

First, report it to your employer. This is an important step, because EIT will need to know if the employer is responsible for compensation and paying the medical bills related to your injury. Second, contact EIT to report the injury. This should be done immediately so that EIT can send you the appropriate paperwork to help you continue your health and welfare coverage by getting disability credit hours for time off related to the injury. This cannot be done without a completed application (*see below for deadlines*). **This is very important and if not done timely, may result in a loss of your health and welfare coverage due to lack of contributed hours.** In the event you are denied Workers’ Compensation benefits, you may then be permitted to apply for Short-Term Disability benefits, provided you have not been approved and been paid for two disabilities in the past 60 months.

? What happens if I am injured in a non-work related accident?

You or your covered dependent may, at some time, suffer an injury and incur expenses (eligible for coverage under the Health & Welfare Plan) as a result of an accident or act for which a third party is financially responsible. If a third party is responsible for paying any expenses for which the Plan has already issued payment, you automatically assign the Plan any rights you or your dependent may have to recover payments from the third party—this assignment is known as “subrogation.” Subrogation allows the Plan to pursue any claim you or your dependent has against any third party, regardless of whether you or your dependent chooses to pursue that claim. Examples where subrogation may be applicable include injuries sustained in an automobile accident caused by someone else or on someone else’s property, if that person is also responsible for causing the injury. You should notify the Fund Office of any injury resulting from a non-work related accident as soon as possible so that the Plan can pursue any reimbursement from the insurance carrier or other person that is responsible.

? How do I find out what my Pension Plan No. 5 account balance is?

You can find out your Pension Plan No. 5 account balance by visiting the John Hancock website at **www.cd.bcomplete.com**. This will take you directly to the login page. If you have not registered, you can register by clicking on *First visit? Register here*. Once you log into your online account, you can see your account balance, your investments and a summary of the contributions made to your account.

IMPORTANT!

Always verify with BCBSIL that the procedure/service has been approved. In the event that your doctor does not get a predetermination prior to a procedure or service and it does not meet BCBSIL’s requirements for Medical Necessity, your claim will be denied and **you may be on the hook for the full cost of the procedure.**

Note: You should receive an approval or denial predetermination letter from BCBSIL if your provider requests a predetermination.

? How and when do I file a SUB, Disability or Workers' Compensation application?

The chart below provides a high-level overview of how and when to apply for Supplemental Unemployment Benefits (SUB), Short-Term Disability or Workers' Compensation.

Benefit	How to Apply	Submit	Deadline
Supplemental Unemployment Benefits (SUB)	Go to www.fundoffice.org , click <i>Participant Information</i> , then <i>Construction or Communication Participants</i> (whichever is applicable to you), then <i>Supplemental Unemployment Benefit Plan</i> and <i>Application for Supplemental Unemployment Benefits</i> (toward the bottom of the page). Applications are also available from the Fund Office in person or at the Local 134 Referral Hall.	Your completed SUB application and related documents (i.e., proof of state unemployment compensation) can be sent by fax, email sub@fundoffice.org , mail or in person at the Fund Office.	14 days from your Layoff Date (SUB application) 14 days from payment issue date (proof of state unemployment) If not submitted by deadline: You may lose monetary benefits.
Short-Term Disability	The Short-Term Disability application can be found on www.fundoffice.org . From the home page, click <i>Participant Information</i> , then <i>General Downloads</i> , followed by <i>Disability Application</i> . You can also contact the Fund Office at (312) 782-5442 .	Your completed Short-Term Disability application and related documents can be submitted by mail, fax (312) 782-0799 or in person at the Fund Office. These documents must be received by the Fund Office before your claim can be processed.	90 days from the onset of your illness or injury, or if later, 90 days from the last day you worked contributed hours. If not submitted by deadline: You may lose monetary benefits and your request for disability credit hours will be denied and you may lose your coverage under the Health & Welfare Plan.
Workers' Compensation	The Workers' Compensation Disability Statement can be found on www.fundoffice.org . From the home page, click <i>Participant Information</i> , then <i>General Downloads</i> , followed by <i>Workers' Compensation Disability Statement</i> or you can visit your EIT online account. Additionally, you can contact the Fund Office at (312) 782-5442 .	Your completed disability statement and related documents can be submitted by mail, fax (312) 782-0799 or in person at the Fund Office. These documents must be received by the Fund Office before your claim can be processed.	90 days from the date of your injury or illness, or if later, 90 days from the last day you worked contributed hours. If not submitted by deadline: Your request for disability credit hours will be denied and you may lose your coverage under the Health & Welfare Plan.

? I've heard about the Health Reimbursement Arrangement (HRA)...what is it and how do I use it?

If you are a Construction or Communication member, the Health & Welfare Plan introduced an HRA effective January 1, 2019. The HRA can be used for reimbursement of eligible medical expenses while you are covered under the EIT Health and Welfare Plan or once you become eligible for Medicare and enroll in Medicare Parts A and B. Your HRA is administered by WageWorks. You can request reimbursement by submitting your claim receipt or explanation of benefits (EOB) to WageWorks or by using your WageWorks health care debit card. **You will need to have a receipt, even if you use your debit card, that includes the date of service, detailed description of service, the provider or merchant name, your name and the amount paid or due.** You can specify, through your online WageWorks account, where to send the reimbursement, directly to your bank account, a paper check sent to you or to pay your provider directly. If you have questions, you can contact WageWorks at **(877) 924-3967** between 7 a.m. and 7 p.m. (CST).

? How can I see how many credits I have in my HRA?

To see your credit balance, you can visit www.wageworks.com and click on *Log in/Register* and select *Employee Log In*. If this is your first time visiting WageWorks, you will need to click on *Register* and create a username and password. Once you are able to sign in, you will be able to see your credit balance, submit claims for reimbursement, request a replacement or additional WageWorks health care debit card and see your claim activity and history.

WE'RE GOING GREEN!

Because your pension information is readily available online, we're going green and mailing pension statements every three (3) years. Your next pension statement will be mailed to you in the second quarter of 2020.



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Participant Information [GO TO](#)

Employer Information [GO TO](#)

Injured at work? Unemployed? Disabled? If any of these apply, call the Fund Office IMMEDIATELY! You

SAVE THE DATE - Annual Benefit Fair

BENEFITS FAIR

Join us at the Union Hall for the 17th Annual Benefit Fair.
Saturday, October 26, 2019 | 8 a.m. to 2 p.m.
Local 134 Union Hall | 2722 S. Martin Luther King Drive, Chicago, IL 60678

[Click here to view the flyer](#)

[Click here for the Benefit Fair RSVP and a chance to win a \\$100 Visa Gift Card](#)

Welcome to EIT Benefit Funds

There are two main areas of the site: one for participants who participate in the various plans and one for employers who make contributions to the plans. We have also included a brief history of the plans in the About Us section. There is also a contact list for Fund Office staff as well as links to various service providers, related entities and other useful sites.

NECA/IBEW
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TRANSITIONS

Our Address:
221 North LaSalle Street, Suite 200
Chicago, IL 60601

Our Phone Numbers:
(312) 782-5442
(312) 782-4433 (FAX)

Our Office Hours:
Monday - Friday 8:30am-4:30pm
Saturday - Sunday closed

GO ONLINE TO VIEW YOUR PENSION CREDIT STATEMENT(S)

You can now view your pension credit statement(s) online at www.fundoffice.org.

- **Returning users:** Simply click on *Participant Information* (in the upper right hand corner) and then *Participant Login*.
- **New users:** Register and create a user name and password.
- Once you've logged in, click on *Pension & Benefits* on the home page. You will see your *Pension History* and can print the summary by clicking on the Print icon.

QUESTIONS?

Call **(312) 782-5442**, option **1**. If you notice a discrepancy on your pension statement, please provide a written explanation of the discrepancy and send any necessary documents supporting the discrepancy to the Fund Office for further review.

Plugged In

Meet Priscilla Perry



If you've ever had a pension question, you've probably been pointed to Priscilla Perry, our Pension Participant Services Representative. From your first contact, you'll notice that her dedication, genuine interest and passion for her job shines through her work and interactions with employees.

Priscilla is a native Chicagoan, and outside of work, she enjoys spending time with family and friends, whether making a meal together, watching movies, or spending a day shopping. Priscilla is also working on planning a big trip to Phuket, Thailand for next year.

Thanks for all you do, Priscilla!



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Get ready for the Annual Benefit Fair!

Saturday, October 26th
8 a.m. to 2 p.m.
IBEW Union Hall
2722 S. Martin Luther King Dr.

RSVP for a chance to win a \$100 Visa gift card

To enter the drawing for one of two \$100 Visa gift cards, you must do two things:

1. RSVP to the Benefit Fair by October 24, 2019.

- a. Online:** Visit www.fundoffice.org and click on the Benefit Fair RSVP link. If you have a smart phone or tablet, you can also **use this QR code** to go directly to the online registration form. (Not sure how to do this? Download a free QR reader app.)



- b. By phone:** Call the Fund Office at **(312) 782-5442**.

2. Check in at the Benefit Fair registration desk when you arrive.

After the Benefit Fair, winners will be drawn at random and will be notified via email. Prizes will be mailed to the winners using the address on file with EIT, so make sure your address is up-to-date. Not sure how to update your address? See page 2 for details.



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, please contact the Fund Office at (312) 782-5442.