

Southern California IBEW-NECA Health Trust Fund
Retiree Health Plan

HIPAA SPECIAL ENROLLMENT RIGHTS

This form is also available online at www.scibew-neca.org

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(Exception to the Deadline for Enrollment)

Specific points to note:

1. Under HIPAA there is an ability to retain enrollment rights in the Retiree Health Plan so long as the initial declination is due to other health coverage and the following conditions are met.
2. A signed declination must be received by the Fund prior to the expiration of the normal 30-day initial enrollment deadline.
3. HIPAA Special Enrollment rights are lost if a properly completed signed declination is not received within 30 days prior to expiration of the initial enrollment deadline.
4. If an initial timely properly completed declination was received by the Fund your subsequent initial enrollment in the Retiree Health Plan must occur within 30 days of your loss of the other health coverage which was the basis of your declination.
5. If you have properly and timely declined initial enrollment in the Retiree Health Plan your HIPAA Special Enrollment rights will still be lost if you fail to enroll in the Retiree Health Plan within 30 days of loss of your other health coverage. You must submit proof of the period of your other health coverage when you apply for enrollment under the Retiree Health Plan.

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PLAN AMENDMENT TEXT IS SET FORTH BELOW.

*PLEASE READ **BEFORE** COMPLETING THE
DECLINATION FORM ON THE FOLLOWING PAGE.*

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The Board of Trustees of the Southern California IBEW-NECA Health Trust Fund hereby wishes to clarify the provisions of the Southern California IBEW-NECA Retiree Health Plan with regard to the ability of an eligible retiree or spouse to decline **initial** enrollment in the Retiree Health Plan in the event the eligible retiree or spouse is declining **initial** enrollment due to other health coverage. The following new paragraph is added immediately following the conclusion of the section contained within the Retiree Health Plan labeled "Deadline for Enrollment" as found on page 12 of the Retiree Summary Plan Description.

"The only exception to the 30 day initial enrollment deadline is the Special Enrollment required under HIPAA. To retain this initial Special Enrollment right you must advise the Fund in writing you are declining coverage under the Retiree Plan because you have coverage from another source. This signed statement must be received by the Fund prior to the expiration of the 30 day period. A spouse may decline initial enrollment through the same process. If a required statement is not received within the 30 days all HIPAA Special Enrollment rights are lost. If you have provided timely notice to the Fund you may subsequently enroll within 30 days of loss of your other coverage. If you do not enroll within the 30 days of loss of your other coverage all HIPAA Special Enrollment rights are lost. At the time of the HIPAA Special Enrollment you must submit written proof of your other coverage, its duration and the date of loss of coverage. If eligible for HIPAA Special Enrollment coverage will commence on the first day of the month following the month the Fund receives your application for enrollment. These Special Enrollment rights only apply during your or your spouse's initial enrollment."

Instructions for the completion of the “Decline Initial Enrollment and Retain HIPAA Special Enrollment Rights”:

1. Unless you provided or will provide to the Trust Funds Administrative Office a written statement whereby you decline initial enrollment due to other medical coverage, you must complete and return the form found below to the Trust Funds Administrative office.
2. Upon receipt by the Trust Funds Administrative Office of the completed declination form found below or your own statement referenced above, a Special Enrollment Form will then be provided to you along with instructions to remind you that the Special Enrollment Form must be completed and returned to the Trust Funds Administrative Office no later than 30 days after the loss of other coverage that was the basis for the initial declination.

Additional Information Regarding Your Benefits

A Participant’s or spouse’s decision to continue active medical coverage under COBRA offered by the Southern California IBEW-NECA Health Fund does not require those electing COBRA to execute the form found below at the time of COBRA election. Upon cessation of this COBRA coverage a timely written declination is required to preserve HIPAA Special Enrollment Rights.

Southern California IBEW-NECA Health Plan
 6023 Garfield Avenue
 City of Commerce, California 90040
 Address: P.O. Box 910918, Los Angeles, CA 90091
 (323) 221-5861 or (800) 824-6935 (Nationwide)

DECLINE INITIAL ENROLLMENT AND RETAIN HIPAA SPECIAL ENROLLMENT RIGHTS

PLEASE PRINT OR TYPE – RETURN ALL COPIES TO THE HEALTH PLAN OFFICE

Last Name			First Name			M.I.	Social Security Number												
Street Address – Do Not Use P.O. Box			Apt #			City			State	Zip Code			Phone Number ()						
Local #	Retired <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Legally Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Date of Marriage										

I. DECLINE INITIAL ENROLLMENT IN THE RETIREE HEALTH PLAN

I . Please complete information below on all eligible dependents.

FAMILY INFORMATION – Please list all eligible family members to be enrolled.							
	LAST NAME	FIRST NAME	M.I.	Social Security Number	Date of Birth	Enroll	Decline
Self					____/____/____		
Spouse					____/____/____		

- I _____ ELECT TO DECLINE INITIAL ENROLLMENT DUE TO OTHER MEDICAL COVERAGE Please Print Medical Plan Name _____
 (Participant Name)
- I _____ ELECT TO DECLINE INITIAL ENROLLMENT DUE TO OTHER MEDICAL COVERAGE Please Print Medical Plan Name _____
 (Spouse’s Name)

BOTH PARTICIPANT AND SPOUSE ELECT TO DECLINE INITIAL ENROLLMENT DUE TO OTHER MEDICAL COVERAGE

Participant Signature	Date Signed	Spouse Signature	Date Signed
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