



## SOUTHERN CALIFORNIA IBEW – NECA TRUST FUNDS

6023 Garfield Avenue, City of Commerce, CA 90040

Phone: (323) 221-5861 or (800) 824-6935

Fax (323) 726-3520

Mailing Address:

P.O. Box 910918

Los Angeles, CA 90091



Website: [www.scibew-neca.org](http://www.scibew-neca.org)

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October 2015

To: Employers Signatory to Agreements Requiring Contributions to the  
Southern California IBEW-NECA Health Trust Fund

From: Board of Trustees  
Southern California IBEW-NECA Health Trust Fund

Re: Affordable Care Act Certification for Calendar Year 2015

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The Southern California IBEW-NECA Health Trust Fund (“Plan”) is a multiemployer plan providing health care benefits to the eligible employees (and their enrolled dependents) of contributing employers.

The health care benefits are provided through fully insured policies. The insurance companies will be filing with the federal government Forms 1094-B and 1095-B listing months of eligibility for each eligible employee and any enrolled eligible dependents. The insurance companies will also deliver this information to the participants and enrolled dependents.

Certain large employers (generally 50 or more full-time employees) may have filing obligations as to Forms 1094-C and 1095-C. The interim guidance provided by the IRS relating to Form 1094-C and 1095-C reporting is as follows: “An employer is treated as offering health coverage to an employee if the employer is required by a collective bargaining agreement or related participation agreement to make contributions for that employee to a multiemployer plan that offers, to individuals who satisfy the plan’s eligibility conditions, health coverage that is affordable and provides minimum value and that also offers health coverage to those individuals’ dependents or is eligible for the section 4980H transition relief regarding offers of coverage to dependents.” Employers should discuss with their auditor proper reporting on those Forms of employees reported to this Plan through monthly remittance reports.

The Plan, to the best of our knowledge, is compliant with the current requirements under the Affordable Care Act. The Plan is a grandfathered plan, each year re-certifying its grandfathered status, and notifying all participants of this certification. **[Minimum Essential Coverage]**

The health care benefit providers for the Plan prepare each year a *Summary of Benefits and Coverage* (“SBC”) which is posted to the Trust Fund’s website at [www.scibew-neca.org](http://www.scibew-neca.org) and is available at the Administrative Trust Funds Office. **[Minimum Value]**

The Plan does not require ‘cost sharing’ from eligible employees or their eligible enrolled dependents in order to establish eligibility or to maintain health care coverage through the Plan when eligibility exists through employer contributions.” Information about coverage provided through fully insured policies is set forth with examples in the “SBC” for each health care

benefit provider. Only the employer can determine whether the employee’s coverage through the Plan meets the “affordability” requirements under the Affordable Care Act. **[Affordability]**

Eligibility criteria and dependent eligibility are defined in the Plan’s *Summary Plan Description* and is available on the Trust Fund’s website at [www.scibew-neca.org](http://www.scibew-neca.org). Health care benefits are provided to eligible dependent children enrolled in the plan through the end of the month that the child reaches age 26. **[Eligible Dependents]**

The following table summarizes who may be enrolled in the Plan as an eligible dependent and the documentation required by the Administrative Office to process the enrollment (dependent eligibility is always contingent upon Employee eligibility). An eligible dependent may be covered under all benefits available to the Member. Eligibility for benefits will continue in the case of dependent children up to the limiting age shown in the table below; eligible dependent children will continue to be covered for dependent life insurance benefits to age 26. A detailed explanation of the eligibility requirements under the Plan follows this table.

Eligible Plan Participants	Required Documentation
Spouse	Copy of Marriage Certificate
Domestic Partner	Enrollment Affidavit/ State Tax Attestation
Biological Children to age 26	Birth Certificate/Paternity Test/QMSCO
Step Children to age 26	Birth Certificate
Adopted Children to age 26	Adoption Affidavit
Permanently Disabled Children	Birth Certificate/Paternity Test/ Adoption or Guardianship Affidavit
Child (Temporary or Permanent)	Legal Guardianship/State or Federal Tax Forms
Temporarily Disabled Child	Disability Application/Birth Certificate – Child subject to Temporary or Permanent Guardianship

The information and statements contained in this memorandum are based on the information available at the time of this writing. Change to the policies or procedures of the ACA or to the design of the Plan subsequently, may invalidate this letter.

**SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND**

Board of Trustees