

**NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION, AFL-CIO
PENSION, WELFARE, VACATION AND HOLIDAY FUNDS
SUITE 300, 147 CARONDELET STREET
NEW ORLEANS, LOUISIANA 70130-2501**

Thomas R. Daniel
Administrator

**WELFARE PLAN AND SUMMARY PLAN DESCRIPTION
FOR NON-MEDICARE ELIGIBLE RETIREES AND DEPENDENTS**

(504) 525-0309
FAX (504) 581-2234

SUMMARY OF MATERIAL MODIFICATION

May 15, 2013

The Board of Trustees wishes to inform participants and beneficiaries of the following **IMPORTANT CHANGE** to the Plan.

Special Enrollment Right for Point of Service (POS) Medical Benefit Added for Non-Medicare Eligible Dependents of Retired Employees:

The Plan has been amended to add a special enrollment right for Dependents of Retired Employees, as described below. “You” refers to any such Dependent who is not eligible for Medicare or an active Employee. You must satisfy the following requirements to qualify for special enrollment in the POS Medical Benefit:

- When you initially qualify for the POS Medical Benefit, you must decline enrollment because you have COBRA or other group health coverage or insurance (“Other Coverage”), and if you initially qualify but decline enrollment on or after the date of this Notice, you must also notify the Fund Office, in writing, of the reason you decline enrollment and include a specific description of your Other Coverage; or
- Before this Plan was adopted, you initially qualified for the same level of medical benefits provided by the POS Medical Benefit through an arrangement with the Management-International Longshoremen’s Association (“MILA”), but declined enrollment because you had Other Coverage; and
- Your Other Coverage must end for one of the following reasons: (i) it is COBRA coverage that has been exhausted; or (ii) it is other group health coverage or insurance that has terminated due to divorce, death, termination of employment or reduced hours, or termination of employer contributions; and
- You have 30 days, after your Other Coverage ends, to exercise your enrollment right by written notice to the Fund Office. You must include, with the notice, proof that your Other Coverage has ended and the first required self-payment. If you qualify, your enrollment in the POS Medical Benefit will be effective no later than the first day of the calendar month after the Fund Office receives your enrollment request.

FAILURE TO SATISFY ANY OF THE ABOVE REQUIREMENTS WILL RESULT IN FORFEITURE OF THIS SPECIAL ENROLLMENT RIGHT.

(over please)

Please contact your Field Office if you have questions about this amendment or need further information about your right to enroll in the POS Medical Benefit.

Field Office G 504-895-5779
601 Louisiana Avenue
New Orleans, LA 70115
Servicing Locals 3000 and former
Local 854

Field Office B 504-581-3196 ext. 2
2337 Tchoupitoulas Street
New Orleans, LA 70130
Servicing Locals 1497, 2036 and
formerLocals 1655 and 1802

Field Office E 225-344-5417
329 Allendale Drive
Port Allen, LA 70767
Servicing Local 3033

Sincerely,

BOARD OF TRUSTEES