



Iron Workers District Council of Western New York and Vicinity

Welfare, Pension, Annuity & Supplemental Benefit Funds

LOCAL UNIONS

9-NIAGARA FALLS
12-ALBANY
33-ROCHESTER
60-SYRACUSE
440-UTICA

Phone: 585-424-3510
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Administrative Manager

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Rochester, NY 14623-2950

Re: *Important Information About Your Welfare Plan*

To: All Participants

The following is important information for your recordkeeping:

SPECIAL ENROLLMENT RIGHTS

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after the marriage, adoption, or placement for adoption, within 60 days after the birth, and provide proof of dependency (e.g., birth certificate, marriage certificate).

You and your dependents may also enroll in this plan if you (or your dependents) have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request enrollment within 60 days after the Medicaid or CHIP coverage ends.

You and your dependents may also enroll in this plan if you (or your dependents) become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.