

# U.A. Local 13 Employers Group Insurance Fund

## HR BANK ELECTION FORM

**A-Bank for Full Eligibility** participation includes coverage for Medical, Dental and the Employee Assistance Program (EAP), Supplemental Disability benefits and \$50,000 Life Insurance and \$50,000 Accidental Death and Dismemberment policies. There is a minimum 360 hours for single members and 430 for married/head of household members required each quarter for A-Bank benefits. Any hours over the required eligibility hours will be credited to your hour bank at 100% of its value, except as noted hereafter, based on the current insurance contribution rate in effect at time of contribution. At the end of each work quarter there will be deducted from your hour bank 30 hours, at the contribution rate in effect at time of deduction, which will be deposited into the general fund. A participant who has or will have as the result of said deduction less than 6 months of coverage in his hour bank shall not have the 30 hours deducted from his hour bank.

**B-Bank** participation includes coverage for the Employee Assistance Program (EAP), Supplemental Disability benefits, and \$50,000 Life Insurance and \$50,000 Accidental Death and Dismemberment policies. There is a minimum 125 hours required each quarter for B-Bank benefits. Any hours over the required eligibility hours will be credited to your hour bank at 100% of its value, except as noted hereafter, based on the current insurance contribution rate in effect at time of contribution. At the end of each work quarter there will be deducted from your hour bank 60 hours, at the contribution rate in effect at time of deduction, which will be deposited into the general fund. A participant who has or will have as the result of said deduction less than 6 months of coverage in his hour bank shall not have the 60 hours deducted from his hour bank.

**C-Bank** participation includes coverage for Dental, the Employee Assistance Program (EAP), Supplemental Disability benefits, and \$50,000 Life Insurance and \$50,000 Accidental Death and Dismemberment policies. There is a minimum 182 hours required each quarter for C-Bank benefits. Any hours over the required eligibility hours will be credited to your hour bank at 100% of its value, except as noted hereafter, based on the current insurance contribution rate in effect at time of contribution. At the end of each work quarter there will be deducted from your hour bank 60 hours, at the contribution rate in effect at time of deduction, which will be deposited into the general fund. A participant who has or will have as the result of said deduction less than 6 months of coverage in his hour bank shall not have the 60 hours deducted from his hour bank.

**D-Bank** participation is reserved for retirees only and includes the Employee Assistance Program (EAP) and the \$50,000 Life Insurance and \$50,000 Accidental Death and Dismemberment policies. The required 21 hours per quarter for this benefit will be deducted from the retirees' hour bank until he/she has exhausted his/her hour bank credit or dies. If a retiree elects Retiree Coverage, the retiree may have the actual cost of the coverage deducted from the retiree's hour bank.

### **Notice of Special Enrollment Rights**

If you are declining enrollment in Local 13 Insurance Fund's Healthcare coverage for yourself, and/or your dependents (including your spouse) because of other insurance coverage, you may in the future be able to enroll yourself, your spouse and/or your dependents in the plan, provided that you request enrollment within 30 days after your other coverage involuntarily ends. In addition, if you have a new dependent because 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, birth, adoption or placement for adoption.

"I HAVE READ AND UNDERSTAND THE ABOVE NOTIFICATION. I UNDERSTAND THAT, IF I DECLINE LOCAL 13 INSURANCE FUND'S COVERAGE DUE TO COVERAGE ELSEWHERE, I WILL ONLY BE ABLE TO OBTAIN COVERAGE DURING THEIR OPEN ENROLLMENT PERIOD (MAY OF EACH YEAR) OR BECAUSE OF ONE OR MORE OF THE EVENTS LISTED ABOVE."

Name of Medical Coverage in Effect: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

### **CIRCLE HOUR BANK DESIRED**

A-BANK

B-BANK

C-BANK

D-BANK (Retirees Only)

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_/\_\_\_/\_\_\_

