LOCAL 13 EMPLOYERS GROUP INSURANCE FUND
ADVANCE MEDICAL ELIGIBILITY PROGRAM

ELIGIBILITY FOR INSURANCE FUND BENEFITS IS BASED ON HOURS WORKED PER QUARTER. AN HOUR BANK IS ESTABLISHED ON A MEMBERS' BEHALF TO WHICH CONTRIBUTIONS BASED ON HIS/HER HOURS WORKED ARE ACCUMULATED. ACCUMULATED MONIES IN YOUR HOUR BANK ARE USED TO DETERMINE YOUR ELIGIBILITY FOR BENEFITS WHEN YOU ARE NOT WORKING, FOR RETIREE MEDICAL COVERAGE AND TO REIMBURSE YOU FOR OUT-OF-POCKET MEDICAL EXPENSES. THERE IS A MINIMUM OF 360 HOURS FOR SINGLE COVERAGE OR 430 HOURS FOR FAMILY COVERAGE REQUIRED PER QUARTER FOR FULL ELIGIBILITY.

FULL ELIGIBILITY includes coverage for Medical, Dental, the Employee Assistance Program (EAP), Supplemental Disability benefits and $50,000 Life Insurance and $50,000 A,D & D policies. If you work less than the required 360/430 hours in a quarter you may pay the difference out-of-pocket provided you do not have enough accumulated hours in your hour bank to cover the deficit

ADVANCE MEDICAL ELIGIBILITY provides for Medical coverage and dental coverage only. Your coverage would become effective the first day of your hire, transfer or promotion. For each month of advance coverage your hour bank will be charged the premium cost of medical and /or dental coverage. You will be eligible for full benefits in the first normal eligibility quarter after you enroll. Your hours worked will go towards your quarterly eligibility first and any excess will be used to reimburse the Insurance Fund. All hourly contributions that exceed the required quarterly eligibility hours, shall be applied to the money owed by you to the Plan. There shall not be any hourly contributions to any hour bank until total reimbursement has been made by you to the Plan. You shall have three (3) years from date of enrollment to reimburse the Plan for the medical and dental coverage provided herein. If you do not work the required eligibility hours in the first complete work quarter following enrollment, in order to become eligible for full benefits under the Plan, you may self-pay the difference between the hours you worked and the required eligibility hours; as long as you have more than 80 hours of credited service in each month of the limited participation period.

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THIS DOCUMENT MUST BE RETURNED TO THE INSURANCE FUND WITHIN 10 DAYS OF THE DATE OF HIRE, TRANSFER INTO LOCAL 13. FAILURE TO MAKE THIS CONFIRMATION IN WRITING WITHIN 10 DAYS WILL CONSTITUTE REFUSAL OF THE ADVANCE MEDICAL ELIGIBILITY BENEFIT AND THE PARTICIPANT WILL NEED TO ACCRUE 360/430 HOURS IN A QUARTER TO ENROLL IN THE INSURANCE FUND BENEFITS. THE UNDERSIGNED ACKNOWLEDGES RECEIVING INFORMATION ON LOCAL 13 INSURANCE FUND'S ADVANCE MEDICAL ELIGIBILITY PROGRAM AND THE PARTICIPANT UNDERSTANDS THAT HIS/HER HOUR BANK WILL BE USED TO REPAY THE INSURANCE FUND FOR THE ADVANCE MEDICAL COVERAGE.

Circle One: ACCEPT **DECLINE – You must indicate your reason for declining coverage at this time**

1. Coverage Elsewhere (see Notice of Special Enrollment Rights)
2. Prefer Normal Eligibility

Signature _____ Date _____

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 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, 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 or because of one or more of the events listed above."

Signature: _____ Date: _____ Coverage Eff.date (date of hire): _____

Print Name: _____ Social Security #: _____/___/_____