

Carpenters Health and Security Plan of Western Washington

PO Box 1929 Seattle, WA 98111-1929

Self-Contribution Coverage Election Notice

Eligibility

Six months of Self-Contribution Coverage is available if you are a qualified temporarily disabled or unemployed participant. You must satisfy the following conditions to qualify for this coverage:

- You must be unemployed and actively maintained on the out-of-work list at the Pacific Northwest Regional Council of Carpenters or the regional council in the jurisdiction in which you are working, and not doing any work for gain or profit, even if on a temporary basis; or, you must be employed and recently dispatched to a contributing employer and working to reestablish dollar bank eligibility; or
- You must be temporarily disabled with an attending physician (MD, DO or DPM only) continually certifying the disability; and
- You must have been eligible for benefits based on dollar bank eligibility for at least three months during each twelve-month period of the thirty-six months immediately preceding loss of eligibility due to unemployment or temporary disability.

Special Eligibility Rights

- If you are an apprentice, you must have been eligible for benefits based on dollar bank eligibility for at least three months during each twelve-month period you participated in the Apprenticeship Program. You must also be in good standing with the Joint Apprenticeship Training Committee (JATC).
- If you are absent from employment because of active duty in the uniformed services in accordance with the Uniform Services Employment and Reemployment Rights Act (USERRA) and you suspend or terminate coverage, you are eligible to participate in Self-Contribution Coverage for up to 24 months.

Important: If you are retiring or your disability appears to be permanent, please contact Participant Services at Carpenters Trusts for other coverage options: (800) 552-0635.

Notification Requirements

If you meet the above requirements and are eligible to participate in Self-Contribution Coverage, complete the enclosed application immediately and return it with your first month's payment to Carpenters Trusts. Please make your check payable to "Carpenters Trusts of Western Washington." All documents must reach Carpenters Trusts before your eligibility terminates. Carpenters Trusts will notify you, in writing, of acceptance or denial of your application.

Cost and Payment

Once your application has been approved, coverage is on a month-to-month basis, as long as you continue to meet the necessary requirements. Dependents are included at no additional charge. Billings are mailed in the first week of the month for the following month's coverage. **Payment is due upon receipt of the bill but not later than the 25th of the same month.** There is **no** grace period. Failure to

(over, please)

make the necessary payment terminates coverage. The monthly contribution rates are established by the Board of Trustees and are subject to change.

Duration of Coverage

Self-Contribution Coverage is available for a six month period but can be renewed (subject to Board of Trustee approval) for an additional six-month period if you continue satisfying the requirements listed above. Once you return to work for a contributing employer, you can continue self contributions (within the stated limitations) until you reestablish dollar bank eligibility. You may elect COBRA once Self-Contribution Coverage terminates, but the total Self-Contribution Coverage and COBRA Coverage may not exceed 18 months, or 36 months in the case of a qualified beneficiary (spouse or dependent child) who has a second qualifying event.

Choice of Coverage

There are two options to choose from:

- **Medical Benefits.** This option is the same as dollar bank eligibility but does not provide dental or time loss benefits.
- **Medical and Dental Benefits.** This option is the same as dollar bank eligibility but does not provide time loss benefits.

Important: If you or an eligible dependent are covered by another health plan or Medicare, the benefits of this plan are determined after the benefits of the other plan or Medicare.

For More Information

This notice does not fully describe continuation coverage or other rights under the plan. More information about continuation coverage and your rights under the plan is available in your summary plan description or from the Plan Administrator.

If you have any questions concerning the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, you should contact Participant Services at Carpenters Trusts: (800) 552-0635.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through a Health Insurance Marketplace, visit www.healthcare.gov.