



JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY

158-11 HARRY VAN ARSDALE JR. AVENUE • FLUSHING, N.Y. 11365

TEL: (718) 591-2000 • FAX: (718) 380-7741 • www.jibei.org

August 27, 2010

HARRY VAN ARSDALE JR.
Founder

DR. GERALD FINKEL
Chairman
GINA M. ADDEO
Secretary
JOHN E. MARCHELL
Treasurer
VITO V. MUNDO
Counsel

Employer Representatives
GINA M. ADDEO
ROBERT AMABILE
SALVATORE ANELLI
SAL CAPUTO
THOMAS CARLUCCI
MENACHEM GAL
BARRY KATZEN
RICHARD P. KLEINKNECHT
STEVEN LAZZARO
CIRO LUPO
MICHAEL M. MAZZEO, JR.
DAVID B. PINTER
JOHN PINTO
DAVID I. SAMUELS
GARY SEGAL

Employee Representatives
RONALD BRYAN
CHRISTOPHER ERIKSON
MARK G. HANSEN
WILLIAM HOFVING
JOHN E. MARCHELL
AUSTIN McCANN
VINCENT McELROEN
RAYMOND MELVILLE
ROBERT OLENICK
LUIS RESTREPO
PAUL RYAN
JOSEPH SANTIGATE
STEVEN SCHWARTZ
LANCE VAN ARSDALE

IMPORTANT INFORMATION FOR ALL PARTICIPANTS IN THE PENSION, HOSPITALIZATION AND BENEFIT PLAN OF THE ELECTRICAL INDUSTRY AND OTHER PLANS!

Changes Mandated by Health Care Legislation

While the new Patient Protection and Affordable Care Act has many components, only a few will apply to **the Pension, Hospitalization and Benefit Plan of the Electrical Industry (“PHBP”)** immediately, while others will not be implemented until some time in the future.

The important changes that will become effective October 1, 2010 are:

● **Dependent Children Now Covered Up to Age 26**

Under the new health care reform law, a child (including a step-child, who will now be covered at no cost) of a participant in the Pension, Hospitalization and Benefit Plan of the Electrical Industry (“the Plan”) must now be offered the opportunity to enroll in the Plan until his or her 26th birthday, regardless of marital or student status. A child who previously lost coverage, was denied coverage, or was not eligible for coverage under the Plan’s old rules and who will not have attained age 26 by October 1, 2010 is now eligible to enroll in the Plan. (Under the old rules, coverage of dependent children ended upon their marriage or at age 19 (25 for full-time students). *Please note that this provision also applies to the Additional Security Benefits Plan of the Electrical Industry and the Health Reimbursement Account Plan of the Electrical industry.*

Individuals may request enrollment for their children under the age of 26 for 30 days from the date of this notice. Enrollment will be effective as of October 1, 2010. Please note that if a child is not enrolled during this 30-day enrollment period, the child may enroll at a later date, assuming he or she is still not 26 years old, but coverage will be provided only with respect to claims incurred on or after October 1, 2010 **and** within one year of enrollment.

In order to enroll your dependent, please complete the enclosed Enrollment Form and return it to the Members Records Department at the Joint Industry Board of the Electrical Industry at 158-11 Harry Van Arsdale Jr. Ave., Flushing, N.Y. 11365.

If this dependent child was never enrolled in the Plan, you must enclose a copy of the birth certificate with the completed enrollment form. If this dependent was previously covered under the Plan but subsequently lost coverage, and you have already provided the Joint Industry Board with a copy of a birth certificate, there is no need to send another copy.

All claim payments will be sent to the participant.



● **Elimination of Lifetime Maximums**

Effective October 1, 2010, the \$2,000,000 individual lifetime maximum will no longer apply.

Participants who have reached their lifetime maximum as of October 1, 2010 and would otherwise have been eligible for coverage will be reinstated. If you believe this applies to you, please contact the Members' Records Department at (718) 591-2000, ext. 2491.

● **Dental Benefits**

Please note that the change affecting dependent children does not apply to the Dental Benefit Plan of the Electrical Industry and the Dental Benefit Plan of the Elevator Division. The eligibility rules remain unchanged and are as follows:

Dependent children: Covered up to age 19. Full-time dependent children attending approved institutions of higher learning continue to be eligible up to age 25.

An original letter from the registrar's office of the applicable institution is required as proof of current college or school attendance at the beginning of each spring and fall semester.

Step children: continue to be eligible for all coverage as described above on a self-paying basis.

● **"Grandfathered" Plan Status**

The Pension, Hospitalization and Benefit Plan of the Electrical Industry, Additional Security Benefits Plan of the Electrical Industry and the Health Reimbursement Account plan of the Electrical Industry believe these plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at the Joint Industry Board of the Electrical Industry at 718-591-2000. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

**DEPENDENT ENROLLMENT FORM
PENSION, HOSPITALIZATION AND BENEFIT PLAN
OF THE ELECTRICAL INDUSTRY**

SECTION 1: PARTICIPANT INFORMATION:

Last Name First Name

Social Security Number Date of Birth

Address

Phone Number Cell Phone Number Email Address

SECTION 2: DEPENDENT INFORMATION:

Dependent Child Last Name First Name Social Security Number

Address

Dependent Child Date of Birth: _____

SECTION 3: COORDINATION OF BENEFIT INFORMATION

If your dependent is a participant in **another group health plan**, please provide information about this coverage below:

Name of other health plan: _____

Type of Plan (check one): Individual Family

Name of Person(s) Covered: _____

Policy Holder is (check one): Actively Working Retired Other (i.e. disabled)

Effective date of coverage: _____

SECTION 4: PARTICIPANT'S SIGNATURE

Please print, sign your name, and date this form.

Print Name Date

Sign Name

**The Pension, Hospitalization and Benefit Plan of the Electrical Industry
158-11 Harry Van Arsdale Jr. Avenue
Flushing, NY 11365
Phone: (718) 591-2000 Fax: (718) 380-7741**

