

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

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Dear Participant:

Various benefits are administered through the Joint Industry Board which provide coverage for both the participant and the eligible dependents of the participant. You may participate in some or all of these plans.

A. <u>Pension</u>, <u>Hospitalization and Benefit Plan of the Electrical Industry – Pension Trust Fund; Annuity Plan of the Electrical Industry</u>

The Pension, Hospitalization and Benefit Plan of the Electrical Industry – Pension Trust Fund and the Annuity Plan of the Electrical Industry provide valuable benefits for your retirement. Please keep the enclosed Summary Plan Descriptions in a safe place for reference.

B. Pension, Hospitalization and Benefit Plan of the Electrical Industry; Deferred Salary Plan of the Electrical Industry; Health Reimbursement Account Plan of the Electrical Industry

Eligible dependents are: 1) spouse and 2) children from birth up to their 26th birthday, regardless of marital or student status.

C. Dental Benefit Fund of the Electrical Industry

Eligible dependents are: 1) spouse and 2) unmarried children from birth up to their 19th birthday. However, full-time, unmarried dependent students attending accredited institutions of higher learning shall be covered up to age 26 years. An original letter from the college registrar for the current semester shall be required as proof of current college attendance. The term "children" shall mean natural or legally adopted children.

D. Dental Benefit Plan of the Elevator Division

Eligible dependents are: 1) spouse and 2) unmarried children from birth up to their 19th birthday. However, full-time unmarried dependent students attending accredited institutions of higher learning shall be covered up to age 26

years. An original letter from the college registrar for the current semester shall be required as proof of current college attendance. The term "children" shall mean natural or legally adopted children.

The proper recording of your eligible dependents, and any other group health coverage available to them, will facilitate payment of future claims. Please complete the enclosed forms and return them in the enclosed envelope with a copy of the applicable marriage certificate, birth certificate(s) or adoption papers so that your eligible dependents may be properly recorded and enrolled.

To avoid a delay in processing, please include Social Security numbers for all dependents.

Sincerely,

Members' Records Department

ME-52

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

ENROLLMENT FORM

SECTION 1: PARTICIPANT INFORMATION: Last Name First Name PID (Magnacare ID #) Date of Birth Address Phone Number Cell Phone Number **Email Address SECTION 2: DEPENDENT INFORMATION:** 1. Relation to Participant (check one): □ spouse DOB: ____ □ child DOB_____ M/F____ Social Security Number First Name Last Name Address 2. Relation to Participant (check one): ☐ child DOB: _____ M/F_____ Social Security Number Last Name First Name Address 3. Relation to Participant (check one): ☐ child DOB: _____ M/F Last Name First Name Social Security Number Address

4. Relation to Participant (check one): ☐ child DOB:			M/F
Last Name	First 1	Name	Social Security Number
Address			
SECTION 3: COORDINATION	ON OF BENEFIT INFOR	MATION	
If you or a dependent are a parti below and attach a copy of your	cipant in another group he health insurance card (from	alth plan, please t and back):	complete information about your coverage
Name of other health plan:			
Name of Policy Holder:			DOB:
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	d date this form.		
Print Name		,	Date
Sign Name			