

# UTILITY WORKERS' UNION OF AMERICA LOCAL 223 HEALTH AND WELFARE FUND

---

March, 2008

TO: ALL ELIGIBLE PARTICIPANTS OF THE UTILITY WORKERS' UNION OF AMERICA LOCAL 223 HEALTH AND WELFARE FUND

RE: IMPORTANT INFORMATION REGARDING THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Dear Participant:

The following is **NOT** a change in your benefits it is simply meant as additional information regarding your benefits.

The Health Insurance Portability and Accountability Act of 1996 stipulates that you must be provided with the provision for obtaining a Certificate of Creditable Coverage and the Special Enrollment Provisions. We are therefore providing you with the following information:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) limits the circumstances under which coverage may be excluded for medical conditions present before you enroll. Under the law, a pre-existing condition exclusion generally may not be imposed for more than 12 months (18 months for late enrollees). The 12 month (or 18 month) exclusion period is reduced by your prior health coverage. You are entitled to a certificate that will show evidence of your prior health coverage. If you buy health insurance other than through an employer group health plan or other source, a certificate or proof of coverage may help you obtain coverage without a pre-existing condition exclusion. If you have questions about your rights under ERISA, you should contact the office of the Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272.

You have the right to receive a certificate of prior health coverage since July 1, 1996. You may need to provide other documentation for earlier periods of health care coverage. Check with your new plan administrator to see if your new plan excludes coverage for preexisting conditions and if you need a certificate of documentation of your previous coverage. To receive a certificate, please contact the Fund Office.

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. However,

you must request enrollment within “30 days” after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the Medical Claims Department at the Fund Office at 517-321-7502

If you have any questions regarding the above, please do not hesitate to contact the Fund Office.

Sincerely,

Utility Workers’ Union of America  
Local 223 Health & Welfare Fund

/mkm