



# MICHIGAN ELECTRICAL EMPLOYEES' HEALTH PLAN



## ***IMPORTANT NOTICE*** ***For New Apprentices***

### ***To All New Apprentices:***

The Trustees have adopted some special eligibility rules that will allow Health Plan coverage for you **while you are working** to earn regular eligibility under the Health Plan.

### ***Special Eligibility Rules for Apprentices***

The following rules apply to apprentices entering a training program arranged by the JATC.

#### ***Notification***

- You must notify the Plan Office that you are a **new apprentice** by completing the Notification form attached to this notice. A Participant Data form is also included in this packet for you to complete and return with the Notification form. Your check/money order must accompany these forms.

#### ***Rules Governing Your Plan Coverage Under These Special Rules***

The rules below apply if you want to take advantage of the offer to make special self-payments for coverage **while you are working** to earn eligibility under the regular eligibility rules.

- Coverage under these special rules will be available only once during your lifetime. You can make the special self-payments in this program for a maximum of 2 consecutive months. **YOU CANNOT HAVE ELIGIBILITY FOR THE MONTH YOU START WORKING.**
- The amount of the self-payment is currently **\$630.50. (Includes dependent coverage)**
- **The self-payment will be applied to the “second month” and your employer hours for the month you start work could possibly give you the “third month” if you worked at least 130 hours in the first month.**
- If you did not have at least 130 hours in the “first month” you worked to give you eligibility in the “third month”, you can remit the second self-payment (which is the last self-payment allowed in this Program) to continue coverage in the Health Plan. The second self-payment must be received in the Plan Office **on or before the first day of the month** for which coverage is to be continued.
- You will be covered for all of the Plan’s benefits **except** the Weekly Disability Benefits. You will become eligible for Disability Benefits when you become eligible under the regular eligibility rules (130 hrs worked in one month).

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## ☐ *Rules Governing Your Plan Coverage (continued)*

- A Pre-existing Condition Clause will be in effect for the first 6 months after your enrollment date under the Plan for you and any of your dependents. A “pre-existing condition” is a sickness, injury, disease or other physical or mental condition for which medical advice, diagnosis, care or treatment (including the use of prescription drugs or medicines) was recommended or received by you or a dependent during the 6-month period immediately before your enrollment date. Genetic information is not considered a “condition” unless the condition related to such information was treated or diagnosed within the 6 month period before the person’s enrollment date. If you acquire a dependent after your enrollment date, that individual’s enrollment date is the date the individual became your dependent.

*\*Note: The pre-existing condition clause is waived once you become eligible under the initial 130 hour eligibility rule.*

- Pregnancy is not considered a pre-existing condition, and the rules governing benefits for pre-existing conditions will not apply to pregnancy. In addition, the pre-existing condition limitation or exclusion periods will not apply to a newborn, an adopted child under age 18, or a child under age 18 who is placed with you for adoption, if any such child is covered under the Plan the 30th day after birth, adoption or placement for adoption.
- DEFINITION OF “ENROLLMENT DATE” - Your (the employee’s) enrollment date is the date your coverage under the Plan starts, or, if earlier, the first day of any waiting period for coverage. For most employees, your waiting period will commence on the first date of your covered enrollment. If you have dependents on your enrollment date, that date is also your dependents’ enrollment date. If you acquire a dependent after your enrollment date, that individual’s enrollment date is the date the individual became your dependent.
- If you **drop out of the apprentice training program** or if you do not work enough hours to become eligible under the Health Plan’s regular eligibility rules, your only option for continued eligibility will be COBRA Continuation Coverage.

## ☐ *When You Become Eligible Under the Regular Initial Eligibility Rules*

The purpose of these special rules is to provide coverage for you or for you and your family while you are an apprentice and working to earn regular eligibility under the Plan. The regular Eligibility rules are explained in your Summary Plan Description benefit booklet. *Once you become eligible for Plan coverage under the regular Initial Eligibility rules, the same Continuing Eligibility rules and all other eligibility rules will apply to you the same as for all other employees.*

*If you have any questions about these **special eligibility** rules, contact the Plan Office. If you have any questions about the regular Initial and Continuing Eligibility rules, read the Eligibility section in your Summary Plan Description benefit book. If you still have questions after that, contact the Plan Office.*

# MICHIGAN ELECTRICAL EMPLOYEES' HEALTH PLAN

## NOTIFICATION OF SPECIAL ELIGIBILITY FOR "NEW APPRENTICES"

This letter serves as a notification to the Health Plan Office that the following individual has become an **Apprentice** in the training program at Local \_\_\_\_\_, I.B.E.W.

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Phone Number (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Social Security Number Date of Birth

This new **Apprentice** has read and understands the eligibility rules governing his/her coverage under the Michigan Electrical Employees' Health Plan. A **Participant Data** form must be enclosed with this form before eligibility is granted as well as a check/money order in the amount of **\$630.50**.

### DEPENDENT COVERAGE

\_\_\_\_\_  
Initial Here Yes, I want to participate in the Health Plan at a current cost of **\$630.50** per month according to the rules on the cover sheet. **PAYMENT IS ENCLOSED.** (Made payable to Michigan Electrical Employees' Health Plan.)

\_\_\_\_\_  
Initial Here No, I do not want to participate in the Health Plan under the special eligibility rules.

\_\_\_\_\_  
Apprentice's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local Union Representative Signature

\_\_\_\_\_  
Date

Employee will be working for the following employer: \_\_\_\_\_

\_\_\_\_\_  
(start date)

**Return this form, Participant Data form, and check to:**

Michigan Electrical Employees' Health Plan  
6525 Centurion Drive  
Lansing, MI 48917

Eff 6/07