

MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND
SPECIAL ENROLLMENT OPPORTUNITIES

November 2013

This notice provides you with information required by the Federal Affordable Care Act and informs you about special enrollment opportunities under the Massachusetts Laborers' Health and Welfare Fund (the "Fund"). **The changes allowed by the special enrollment opportunities take effect on January 1, 2014, and may require immediate action on your part.**

REASON FOR SPECIAL ENROLLMENT OPPORTUNITY

The Fund previously excluded coverage for dependent children, age 19 to 26 that have access to their own employment based health coverage, including coverage through the dependent's spouse. In accordance with the Affordable Care Act, these dependents will no longer be excluded for coverage under the plan as of January 1, 2014. You may choose to enroll your dependent regardless of whether they have access to their own health coverage.

Dependent Eligibility Rules

Effective January 1, 2014, to qualify for dependent coverage under the Fund, a child must: (1) meet the definition of "Child" below and (2) be under age 26. Under these new rules, the child can be married and does not have to be financially dependent on the member for support to qualify for Plan coverage. Coverage will not be provided to the dependent's spouse or children of the dependent.

"Child" Defined: The member's natural or legally adopted child, a child placed with the member for adoption, and a child for whom the member has legal guardianship (provided he or she is also the member's federal income tax dependent).

SPECIAL ENROLLMENT OPPORTUNITY FOR DEPENDENT COVERAGE

Dependents age 19-26 who were denied coverage due to the availability of employer sponsored or spousal employer sponsored health coverage are now eligible to enroll in the Fund. Individuals may request enrollment for such children by completing the attached Enrollment Form and submitting it to the Fund Office by December 20, 2013. If a completed Enrollment Form is received by the Fund Office by this date, coverage for newly-eligible dependents will be effective on January 1, 2014.

In cases where a newly-eligible dependent is requesting coverage, but his/her Enrollment Form is received *after* the close of the enrollment period, coverage will be effective on the first day of the month following receipt of a completed Enrollment Form by the Fund Office, as long as the Enrollment Form is received by the Fund Office no later than the 20th day of the month.

If you wish to enroll your eligible dependents, age 19-26, please complete and return the attached Enrollment Form. If you have any questions, please contact the Fund Office at (781) 272-1000.

Thank You,

Health & Welfare Eligibility Department

**MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND
2014 ENROLLMENT FORM FOR DEPENDENT(S) GAINING ELIGIBILITY**

If a dependent(s) will become eligible for coverage under the Fund effective January 1, 2014 as a result of the special enrollment opportunities described in this notice, you must enroll them now for coverage by completing this Enrollment Form and returning it to the Fund Office by December 20, 2013.

If you do not complete and return this Enrollment Form by December 20, 2013, but later wish to enroll your dependent as a result of the changes described in this notice, coverage will not become effective until the first day of the month following the Fund Office's receipt of a completed Enrollment Form.

NOTE: NO ACTION IS REQUIRED UNLESS YOU WANT TO ENROLL A DEPENDENT WHO IS NEWLY ELIGIBLE FOR COVERAGE DUE TO A SPECIAL ENROLLMENT OPPORTUNITY.

Member Name _____ Member ID# _____

I. ENROLLMENT INFORMATION

List the dependent(s), if any, in the space provided below. *You do not need to re-enroll the dependent if they are already covered by the Fund. If your dependent was not previously covered by the Fund, you must submit a copy of the birth certificate and Social Security card.*

<u>Dependent Name (Last, First, MI)/Relationship</u>	<u>Date of Birth (MM/DD/YYYY)</u>	<u>Social Security Number</u>
_____ / _____	_____	_____
_____ / _____	_____	_____
_____ / _____	_____	_____
_____ / _____	_____	_____
_____ / _____	_____	_____

II. OTHER COVERAGE

Are you, your spouse or your dependent covered by any other Health Plan, including Medicare?

YES _____ NO _____

If your answer is yes, please provide the following information (attach additional sheets if necessary):

Subscriber's Full Name: _____

Name of Other Plan or Insurance: _____

Subscriber's Identification Number: _____

Effective Date of Coverage: _____

Single or Family Coverage: _____

If Family Coverage, Names of Covered Dependents: _____

Please sign and return to address provided on reverse side of form.

III. AUTHORIZATION AND ACKNOWLEDGEMENT OF DUTY TO PROVIDE ACCURATE AND COMPLETE INFORMATION AND UPDATE IT AS NECESSARY

I understand that I am enrolling myself, my spouse, and/or dependent(s) for coverage under the Massachusetts Laborers' Health and Welfare Fund. I also understand that I am required to promptly notify the Fund of any changes in my status or the status of any of my dependents that would affect eligibility for benefits, including, but not limited to, any change in my marital status, any change in coverage for me, or any change in my dependent(s)' eligibility for coverage under this Fund or under any other medical plan or health insurance.

I understand that if I knowingly enroll (or continue the enrollment of) an ineligible dependent, I will be committing fraud on the Fund and acknowledge the Fund's right to recover any benefits that were inappropriately paid on behalf of the ineligible dependent. I may also be subject to additional penalties including suspension or termination of benefits. I swear or affirm under the penalties of perjury that the information I have provided on this Enrollment Form is complete and accurate.

Please Print Your Name _____

Please Sign Your Name _____

Date: _____

Please return your completed Enrollment Form to:

**Massachusetts Laborers' Health and Welfare Fund
P.O. Box 3005
14 New England Executive Park, Suite 200
Burlington, MA 01803-9005**