

MICHIANA AREA ELECTRICAL WORKERS' FRINGE BENEFIT FUNDS

Michiana Area Electrical Workers' Health and Welfare Fund
Michiana Area Electrical Workers' Pension Fund
Michiana Area Electrical Workers' Money Purchase Plan

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

MICHIANA AREA ELECTRICAL WORKERS' HEALTH & WELFARE FUND FREQUENTLY ASKED QUESTIONS

How are my benefits Funded?

The primary source of financing for the benefits provided under the Health & Welfare Fund and for the expenses of Fund operations is employer contributions.

What are the Fund's eligibility requirements?

Initial eligibility – Requires 120 hours of employer contributions in one month. There is a one (1) month bookkeeping period in which you are not eligible and coverage begins the first day of the third month.

Continuing eligibility requires 120 hours of employer contributions in one month. There is a one (1) month bookkeeping period in which you are not eligible and coverage begins the first day of the third (3rd) month.

If the participant has more than 120 hours of employer contributions remitted, any excess hours are placed in an hour bank to be utilized when the participant does not work sufficient hours to be eligible.

If the participant has less than 120 hours of employer contributions remitted, the additional hours will be taken from the participants' hour bank.

If the participant does not have 120 hours of employer contributions remitted and does not have 120 hours of employer contributions remitted, he may remit the number of hours that are short based upon the currently hourly contribution rate.

What do I do if my employer does not remit my fringes?

First call your employer. There may be a very good reason that the fringes have not been remitted. If your employer cannot explain the reason to your satisfaction, you should contact the Local Union.

How can I add my dependents to the Plan?

Complete a "Membership and Record Change Form" and submit copies of marriage or birth certificates.

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What do I do when I get divorced?

You must send a copy of your complete divorce decree otherwise coverage will be maintained for your ex-spouse. If the Fund pays for benefits that should not be paid because your spouse no longer meets the definition of a dependent, you will be held responsible.

When does coverage stop for my dependent children?

The Health Care and Education Affordability Reconciliation Act of 2010 requires the Fund to extend Adult child coverage up to age 26 effective June 1, 2011. Therefore, if you are eligible for benefits and you have a child that was previously covered in the Plan, and their coverage was terminated, you should complete a "Request for Extension of Dependent Coverage" and return in to the Fund Office. Coverage may continue until the last day of the month in which that adult child turns 26 years old or earlier if you do not maintain your eligibility under the Plan. This requires annual verification.

Can I continue coverage when I retire?

Yes provided you meet the retiree requirements for maintaining coverage.

What do I do if I am injured and cannot work?

The Fund provides disability benefits which may continue your coverage for health care benefits. You should complete a disability form.

What is COBRA?

COBRA is the Consolidate Omnibus Budget Reconciliation Act of 1986. COBRA requires that the Fund provide coverage for participants and their dependents that may not otherwise be offered. COBRA is available for dependents who no longer meet the definition of a dependent as defined by the Plan. The rates are 102% of the actual cost of providing.

What is Coordination of Benefits?

Coordination of Benefits or COB coordinates benefits with other health benefits you may have such as coverage through your spouse's employer.