MUST RETURN COMPLETED FORMS TO ACTIVATE INSURANCE

Iowa Laborer's District Council H/W Plan

3925 Fountains Blvd NE Ste 104 Cedar Rapids, IA 52411
Phone: 319/365/2810 Fax: 319/365/1043 – Toll Free (866) 365/2810

Benefit Information Sheet

This form must be completed fully. Please print clearly or type the information requested.

Member Name: _____ **Birth date:** _____
Participant's complete name including middle initial

Social Security #:_____**Male/Female** **Local/Employer:** _____

Street Address: _____

City, State, Zip Code:_____

Home phone #:_____**Cell Phone #**_____

Email Address _____

Please list dependents below (only if you have family coverage)

Name (Last,First,M.I.)	DOB (M/D/Year)	Sex (M/F)	Social Security Number

Spouse: _____

Child: _____

Child: _____

Child: _____

Child: _____

Child: _____

- **NOTE -** ***Enclose a copy of the state birth certificate and social security card for each child listed.*** **If the last name is different from yours, please explain their relationship to you.**
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Spouse's Insurance Co._____ **Policy #:**_____

Spouse's effective date of other insurance coverage:_____

Date of Marriage:_____***Enclose a copy of your Certificate of Marriage.***

Member's signature: _____ **Date:**_____

Please return completed form to the address listed above.

Documentation needed to add/remove dependents:

To add a spouse:

- Copy of Marriage certificate & new Iowa Laborer's Health & Welfare Plan enrollment form.
- Statement of "loss of coverage" & new enrollment forms

To add a new baby/adopted child:

- New enrollment forms, copy of social security card, copy of birth certificate.
- New enrollment forms & signed, dated copy of the adoption papers & copies of the new birth certificates.

To add a child:

- Copy of the child's birth certificate; if you are not listed on the birth certificate as the child's father/mother, then we will also need a court order establishing paternity or something from the state showing payment of child support.

To add a step-child:

- New enrollment forms.
- Copy of the most recent tax statement naming the child as a dependent.
- Notarized statement signed by the participant and their spouse stating that the child is a) living with the participant in a regular parent/child relationship; b) that you contribute more that 50% toward the maintenance and support of the said child; c) the child is neither covered nor required to be covered by any other health plan or person.

To term/delete a dependent:

- New enrollment forms.
- Signed & dated copy of a divorce decree **or** Letter of credible coverage **or** Copy of death certificate.

<u>The Fund Office is: Benefits Management Group</u>
3925 Fountains Blvd NE
Suite 104
Cedar Rapids, IA 52411
P:(319) 365-2810 F:(319) 365-1043
Short Term Disability – Karen (888) 365-2810 Ext 404
Short term disability is used when you hurt yourself outside of work. Anything work related, workers-compensation will be used.
Wellmark Blue Dental – 1-877-333-0164 Click Here for Dental Coverage Details
Prescription (SavRX) – (800) 228-3108
If you need new cards, please give us a call or BMGI a call to order new ones. The cards will only be in the insurer's name.

All Employees working for a contributing Employer or Employers within the jurisdiction of the Fund shall be eligible to receive benefits after meeting the following eligibility requirements.

Eligibility is based on Contribution Quarters and Benefit Quarters as follows:

Contribution Quarters Work Performed During:	**Benefit Quarters Determine Eligibility for:**
December | January | February	**May | June | July**
March | April | May	**August | September | October**
June | July | August	**November | December | January**
September | October | November	**February | March | April**

Initial Eligibility:
You will become initially eligible for benefits under the Plan on the first day of the month after you have worked for which **contributions were *<u>reported</u>* from a contributing Employer or Employers for at least *<u>600 hours worked within a consecutive 12 month period</u>***. You will be eligible for at least one full quarter plus any partial quarter from your initial eligibility date.

Continuation of Eligibility for Active Employees:
Employer Contributions-
After becoming initially eligible, you continue to be eligible as long as you are **working for a contributing Employer or Employer and those Employers make contributions to the Fund on your behalf for at least *<u>375 hours in each Contribution Quarter</u>* as defined above.** The quarterly hour requirement may be changed by the Trustees to represent the actual average expense for operating the Plan.

Health and Welfare FAQs:

- Where can I go to see my reported hours?
    - https://bmgiweb.com/IALABR - Here you can set up an account and see your reported hours. Otherwise you can call the Hall at 319-366-0859.
- What are my vision benefits?
    - The visit is covered under your Wellmark BCBS card. The hardware is to be purchased at full price, then will be reimbursed up to - $200 per 24 months per adult and/or $150 per 12 months per minor dependent. Any further costs can be covered by your HRA. You MUST submit itemized receipts with the name of the insured on it to be reimbursed.
        - Please see the HRA form for the breakdown of what your HRA can be used towards.
- Why haven't I received my insurance cards?
    - A couple of things may have happened.
        - You need to update your address with the Health and Welfare Fund. Please call 319-365-2810 to update.
        - You have not completed and turned in your enrollment form. It is very important that the form and all the paperwork needed to complete your enrollment is done and mailed to the address on the form. If this is not done, your hours are still reported, but not getting applied. You could be eligible for months without knowing.
        - You may have thrown them away. It is easy to accidentally miss your cards in the mail, especially the Sav-Rx card. Please look carefully for the cards.
- What does my insurance cover?
    - Please reference the simple summary included.

Any other questions, we will be happy to assist you here at the Hall. Please call 319-366-0859 or email unionhall@local43.org.