

# U.A. Local 13 Employers Group Insurance Fund

## HOUR BANK ELECTION FORM

**A-Bank or Full Eligibility** participation includes coverage for Medical, Dental and the Employee Assistance Program (EAP), Short Term Disability Insurance, Hospital Indemnity Insurance, Accident Insurance, Critical Illness Insurance, HRA (if eligibility per Plan is established) and \$50,000 Life Insurance and \$50,000 Accidental Death and Dismemberment policies. There is a minimum of 360 hours required for single coverage and 430 hours required for non-single coverage each work quarter for A-Bank benefits. Any hours over the required eligibility hours will be credited to your hour bank at 100% of its value, except as noted hereafter, based on the current insurance contribution rate in effect at time of contribution. At the end of each work quarter there will be deducted from your hour bank 30 hours, at the contribution rate in effect at time of deduction, which will be deposited into the general fund. A participant who has or will have as the result of said deduction less than 6 months of coverage in his hour bank shall not have the 30 hours deducted from his hour bank.

**B-Bank** participation includes coverage for the Employee Assistance Program (EAP), Short Term Disability Insurance, HRA (if eligibility per Plan is established) and \$50,000 Life Insurance and \$50,000 Accidental Death and Dismemberment policies. There is a minimum 125 hours required each quarter for B-Bank benefits. Any hours over the required eligibility hours will be credited to your hour bank at 100% of its value, except as noted hereafter, based on the current insurance contribution rate in effect at time of contribution. At the end of each work quarter there will be deducted from your hour bank 60 hours, at the contribution rate in effect at time of deduction, which will be deposited into the general fund. A participant who has or will have as the result of said deduction less than 6 months of coverage in his hour bank shall not have the 60 hours deducted from his hour bank. **MUST HAVE "OTHER COVERAGE" as defined in the Plan Document to Elect.**

**C-Bank** participation includes coverage for Dental, the Employee Assistance Program (EAP), Short-Term Disability Insurance, HRA (if eligibility per Plan is established) and \$50,000 Life Insurance and \$50,000 Accidental Death and Dismemberment policies. There is a minimum 182 hours required each quarter for C-Bank benefits. Any hours over the required eligibility hours will be credited to your hour bank at 100% of its value, except as noted hereafter, based on the current insurance contribution rate in effect at time of contribution. At the end of each work quarter there will be deducted from your hour bank 60 hours, at the contribution rate in effect at time of deduction, which will be deposited into the general fund. A participant who has or will have as the result of said deduction less than 6 months of coverage in his hour bank shall not have the 60 hours deducted from his hour bank. **MUST HAVE "OTHER COVERAGE" as defined in the Plan Document to Elect.**

**D-Bank** participation is reserved for retirees and Permanently Disabled Participants only. Includes the Employee Assistance Program (EAP), HRA (if eligible per plan provisions) and \$2,000 Life Insurance Coverage.

**E-Bank** participation is reserved for Non-Retired Inactive Participants. A non-retired inactive participant may access his hour bank solely for Health Reimbursement Account (if eligible) and COBRA premiums.

**F-Bank** is for an Active Participant who has less than the eligibility hours required for A, B, or C Bank, and elects to continue coverage for the \$50,000 Life Insurance and \$50,000 AD&D benefit and the Employee Assistance Program (EAP) only. Each work quarter 21 hours will be deducted from the Participant's hour bank at the contribution rate in effect at time of deduction, which will be deposited into the general fund.

**G Bank or Full Eligibility participation for Residential Employees** includes coverage for the Employee Assistance Program (EAP), Medical benefits based on a separate plan design approved by the Trustees. There is a minimum of 360 hours required for single coverage and 430 hours required for family coverage each work quarter for G-Bank benefits. Any hours over the required eligibility hours will be credited to the Participant's hour bank at 100% of its value, except as noted hereafter, based on the current insurance contribution rate in effect at time of contribution. At the end of each work quarter 30 hours will be deducted from the Participant's hour bank at the contribution rate in effect at time of deduction, which will be deposited into the general fund. A participant who has or will have, as the result of said deduction less than 6 months of coverage in his hour bank, shall not have the 30 hours deducted from his hour bank.

**L-Bank:** Retirees and Disabled Participants who wish to receive the \$50,000 Life Insurance benefit in addition to the \$2,000 Retiree Life Insurance benefit and EAP. There is a monthly deduction of \$48.51 for the cost of this coverage. This deduction amount may change from time to time at the discretion of the Trustees.

**Notice of Special Enrollment Rights**

If you are declining enrollment in Local 13 Insurance Fund’s Medical Healthcare coverage for yourself, and/or your dependents (including your spouse) because of other insurance coverage, you may in the future be able to enroll yourself, your spouse and/or your dependents in the plan, provided that you request enrollment within 30 days after your other coverage involuntarily ends. In addition, if you have a new dependent because of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

“I HAVE READ AND UNDERSTAND THE ABOVE NOTIIFICATION. I UNDERSTAND THAT, IF I DECLINE LOCAL 13 INSURANCE FUND’S COVERAGE DUE TO COVERAGE ELSEWHERE, I WILL ONLY BE ABLE TO OBTAIN COVERAGE DURING THEIR OPEN ENROLLMENT PERIOD (MAY OF EACH YEAR) OR BECAUSE OF ONE OR MORE OF THE EVENTS LISTED ABOVE.”

Name of Medical Coverage in Effect: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

**CIRCLE HOUR BANK DESIRED**

A-BANK      B-BANK      C-BANK      D-BANK      E-BANK      F-BANK      G-BANK      L-BANK

Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_