



Central Laborers' Welfare Fund

P.O. Box 1267 • Jacksonville, Illinois 62651 • Phone 217/243-8521 • Fax 217/243-8619

<http://www.central-laborers.com>

WELCOME TO YOUR 2018 OPEN ENROLLMENT

Your Enrollment Period

Your enrollment period **begins NOVEMBER 13, 2017** and runs **through DECEMBER 12, 2017**.

During this designated time you should either complete your enrollment on-line by following the links provided at www.central-laborers.com or complete and return the enclosed multi-page Open Enrollment Application.

The 2018 Plan Year

Enclosed please find your Open Enrollment information for the 2018 Plan Year for the Central Laborers' Welfare Fund (hereinafter "Fund" or "Plan"). Also included in this packet are several forms and notifications that the Fund Office is required to distribute in order to comply with the terms of the Patient Protection and Affordable Care Act. It is very important that you read each of the notices and review the benefit grids carefully as there are changes that will affect you and your dependents on or after January 1, 2018.

As you review the Enrollment documents you will find many forms, with which you are familiar. Should you find you need assistance understanding any of the information or determining how to complete any of the required forms, please do not hesitate to contact the Fund Office at 1-800-252-6571.

The Patient Protection and Affordable Care Act (PPACA) will have the following effects on your benefits for the 2018 Plan Year:

Adult Child Eligibility

Effective January 1, 2011, the PPACA extended coverage to adult children. Specifically, individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are now eligible to enroll in the Central Laborers' Welfare Fund Plan of Benefits. Individuals will be allowed to enroll such adult children for 30 days from the date of notice. Eligibility of such children will be effective the first day of the Participant's eligibility date, on or after January 1, 2018. Please note the following that pertains to the benefits provided to eligible Adult Children age 19 up to age 26:

IF YOUR ADULT CHILD(REN) IS EMPLOYED AND HAS EMPLOYMENT BASED HEALTH COVERAGE AND HE OR SHE DECLINES SUCH COVERAGE, THEN THIS PLAN WILL PAY ONLY 20% OF ANY OTHERWISE ALLOWABLE CHARGES.

Please remember that any dependent(s)' eligibility may be subject to verification and may require you to complete a Proof of Adult Child Relationship Form(s) or provide additional documentation such as a birth certificate(s), divorce decree(s), marriage license, death certificate(s) or other information necessary to confirm a dependent's relationship and eligibility for benefits. Some of the documentation can be completed by you or your dependent. However, some forms must be completed by a spouse's or dependent's employer. Please note that if the required documentation is not received timely, eligibility may not be provided to your dependent(s) or their eligibility could be delayed. In addition, some documents may require updating **more than once per year**, please watch your mail and review all mailings to ensure compliance with those requirements.

Notice that Central Laborers' Welfare Fund is a Grandfathered Plan

As a part of the PPACA legislation, Central Laborers' Welfare Fund is required to inform you that the Fund believes it is a "grandfathered health plan" under the PPACA. As permitted by the PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the PPACA was enacted. Being a grandfathered health plan means that the Fund may not include certain consumer protections of the PPACA that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the PPACA, for example the elimination of lifetime limits on essential benefits.

The Fund will notify you when certain other consumer protections are adopted. In the interim, if you have questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status, these can be directed to the Welfare Fund Director, Cynthia Smith-Brannan, at 1-800-252-6571. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. The Web site has a table summarizing which protections do and do not apply to grandfathered health plans.

THE 2018 OPEN ENROLLMENT PROCESS

Before you complete your 2018 Open Enrollment, please consider the following:

1. Examine the network descriptions on the benefit grid documents enclosed in this enrollment packet. Please review the available benefits, deductibles, co-payments and co-insurance rates associated with each network.
2. **If you plan to enroll on-line and you have not already registered for your NETime Benefits username and password, you may go to www.central-laborers.com and complete that process. Once you have your NETime Benefits username and password, please go back to NETime Benefits and complete your enrollment on-line.**
3. If you plan to enroll via paper application, the Open Enrollment form has been enclosed in this packet. Please note, all areas of the form that pertain to you or your dependents must be completed. After you complete the form, please sign it and return it to the Fund Office.
4. If you or any of your dependents have other insurance or Medicare, please provide that information, either on-line or on the paper application. Then, please provide copies of any other insurance card(s) or Medicare card(s). **Please remember, if your spouse is employed full-time and insurance is offered through his or her employer, your spouse must enroll in the most comparable plan before benefits can be coordinated under your Central Laborers' Welfare Fund Plan.**
5. If your adult child(ren), age 19 until age 26, is employed full-time or part-time and has coverage offered through an employer and that adult child declines such coverage, this Plan will pay only 20% of otherwise allowable charges.
6. **On-line enrollment allows you to electronically sign your 2018 form.** If you choose to complete the paper form, please mail your completed Open Enrollment information to the Fund Office in the enclosed envelope.
7. **If you are becoming eligible for the first time or are changing networks in 2018, you will be issued new medical identification cards. In most instances, new cards will not be mailed to you for approximately ten (10) days to two (2) weeks following your enrollment. If you require medical care prior to when you receive your cards, you may use the identification number listed on your dental card. (For newly eligible members, a dental card has been enclosed.)**

PLEASE REMEMBER, EVEN IF YOU DO NOT HAVE ANY CHANGES TO REPORT, DEPENDENTS TO ADD OR A CHANGE IN THE NETWORK UNDER WHICH YOU PARTICIPATE, CENTRAL LABORERS' WELFARE FUND REQUIRES YOU TO COMPLETE YOUR ENROLLMENT ON-LINE OR RETURN A SIGNED OPEN ENROLLMENT FORM TO THE FUND OFFICE BEFORE ANY CLAIMS MAY BE PAID IN 2018.

YOUR ONLINE ENROLLMENT WILL ONLY BE AVAILABLE THROUGH THE DEADLINE DATE LISTED BELOW. IF YOU DO NOT COMPLETE THE ONLINE PROCESS BY THE DEADLINE DATE, YOU WILL BE REQUIRED TO SUBMIT A PAPER FORM.

**YOUR ENROLLMENT MUST BE COMPLETED OR RETURNED TO THE FUND OFFICE BY:
DECEMBER 12, 2017**

CENTRAL LABORERS' WELFARE FUND

OPEN ENROLLMENT 2018



201 N. MAIN ST
PO BOX 1267
JACKSONVILLE, IL 62651-1267
1-800-252-6571
FAX 1-217-243-8619
EMAIL claims@central-laborers.com

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WELCOME TO THE CENTRAL LABORERS' WELFARE FUND OPEN ENROLLMENT FOR 2018

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From The Trustees

Welcome to Open Enrollment 2018. With all the uncertainty in the world today, it is comforting to know that there are some things on which you can rely. Among those are the benefits provided by your Health & Welfare Fund, Central Laborers' Welfare Fund.

The Central Laborers' Welfare Fund Trustees and staff know the importance of your health and they understand the costs of staying well. That is why they are dedicated to providing the best benefits possible, while trying to keep the cost of coverage affordable.

While some healthcare coverages are focused on decreasing benefits and increasing profitability, those at Central Laborers' Welfare Fund are concentrating on how to improve benefits and subsequently the health and livelihood of its participants. Those dedicated efforts resulted in benefit enhancements, like the expanded dental benefit and a more favorable eligibility schedule in 2017. In 2018, improvement will expand further, affecting areas of both the medical and hearing benefits.

The benefit improvements are available to all. However, the networks through which those benefits are processed may vary based on location and the providers who participate in each network. You know your own situation, your needs and the location of your family members. The Fund office staff will be more than happy to assist you in deciding on the best network that will work for you and your family, just give the office a call.

It is understood that it is because of you that the Fund exists. Thank you for your service, your dedication to the Union and your support of your fellow workers. We look forward to working with you and for you in 2018. Here's to a happy and healthy year!

Sincerely,
The Central Laborers' Welfare Fund Trustees





KNOW YOUR BENEFITS

Through Central Laborers' Welfare Fund, eligible participants and their families have access to multiple health related benefits. Depending on whether you are actively employed or retired, your benefits may differ. The best resource for information regarding your Central Laborers' Welfare Fund Benefits is your Summary Plan Description. To obtain a copy or to get your specific benefit related questions answered, please contact the Fund Office at 1-800-252-6571.

ACTIVE EMPLOYEE BENEFITS

- MEDICAL BENEFIT
- PRESCRIPTION BENEFIT
- DENTAL BENEFIT
- VISION BENEFIT
- HEARING BENEFIT
- LOSS OF TIME BENEFIT
- DEATH & ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

RETIREE BENEFITS

- MEDICAL BENEFIT
- PRESCRIPTION BENEFIT
- DENTAL BENEFIT
- VISION BENEFIT
- HEARING BENEFIT

YOU CAN ACCESS A COPY OF YOUR SUMMARY PLAN DESCRIPTION ONLINE AT www.central-laborers.com

NEW IN 2018



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Effective January 1, 2018, the Central Laborers' Welfare Fund benefits will change. No new benefits are being added. However, old benefits are being expanded to provide more coverage for services frequently accessed by eligible participants and their families. For more details regarding these benefits, please reference your Summary Plan Description or contact Fund Office representatives at 1-800-252-6571.

EXPANDED IMMUNIZATION COVERAGE



In the past, your Central Laborers' Welfare Fund benefit provided coverage, under the Adult Wellness and the Well Child Benefit, for immunizations required for attendance at a daycare center or school. Effective January 1, 2018, those benefits have been expanded to include the Center for Disease Control and Prevention (CDC) Recommended Age appropriate immunizations. Although some physicians may recommend additional prophylactic vaccines on alternate schedules, the Fund will utilize the commonly recognized standard immunization lists published by the CDC when applying benefits. A list of the CDC recommended immunizations can be viewed at: <https://www.cdc.gov/vaccines/schedules/index.html>



PHYSICIAN SUPERVISED WEIGHT-LOSS PROGRAM

Central Laborers' Welfare Fund has covered surgical interventions for obesity. Now, as an alternative to that invasive process, for individuals who meet certain criteria, physician supervised weight-loss programs will be covered. There are specific conditions that must be met and pre-certification is required before services are covered, but for those who are overweight and have been looking for an alternative to surgery, this may be the answer that has been sought. For specific details, reference "Physician Supervised Weight-Loss Program" in your 2018 Summary Plan Description or contact Central Laborers' Welfare Fund for more information.

INCREASED BENEFIT PAYABLE ON SPINAL MANIPULATION SERVICES

Central Laborers' Welfare Fund spinal manipulation and related physician services have been covered in the past. The calendar year limit for those services has been \$600.00 payable on allowable services. Effective January 1, 2018, that benefit has been expanded to cover \$1,000.00 on allowable services per calendar year. A significant increase for those who utilize the therapies available under the Central Laborers' Welfare Fund spinal manipulation benefit.

Certain exclusions will still apply to the services. Those details can be found in the Central Laborers' Welfare Fund Summary Plan Description or you can obtain details by calling the Fund Office at 1-800-252-6571.





EXPANDED HEARING EXAM BENEFIT

The hearing examination benefit, previously limited to \$75.00 every 24 consecutive months, has been increased to \$100.00 every calendar year. The benefit includes coverage on examinations performed by a legally qualified otologist, audiologist or otolaryngologist and includes the testing each performs. Some exclusions do still apply to the examination services. Those specific items are listed under the Hearing Care Benefit section of your Summary Plan Description.

INCREASED HEARING INSTRUMENT BENEFIT

The inability to hear or to hear clearly can affect so many areas of one's life. Social situations can feel uncomfortable, there is often a sense of isolation, and an increased risk for personal injury. Although the hearing aid benefit is not intended to cover the entire cost of a hearing instrument, the increased benefit, from \$400.00 to \$750.00 toward a hearing aid every 60-months will help off-set the cost of freedom that can be experienced when the ability to hear is restored with an assistive device. Certain restrictions apply to this coverage, the details of which can be found under the Hearing Care Benefit in the Central Laborers' Welfare Fund Summary Plan Descriptions.

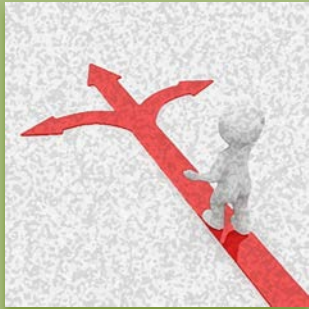
If you have questions, please contact the Fund Office at 1-800-252-6571 for more information and assistance.



IMPORTANT INFORMATION

ADULT CHILD ENROLLMENT DEPENDENTS AGE 19-26

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- ADULT CHILD ENROLLMENT
- OTHER INSURANCE INFORMATION
- SPOUSE INSURANCE REQUIREMENT
- ADDRESS UPDATES
- REQUIRED DOCUMENTS
- ENROLLMENT DEADLINES
- OPEN ENROLLMENT REQUIREMENT
- BENEFIT CARDS
- QUESTIONS

- ADULT CHILD ENROLLMENT IS LIMITED TO 30 DAYS.
- ADULT CHILD ENROLLMENT AND THE REQUIRED FORMS MUST BE RETURNED BY THE DEADLINE DATE LISTED ON YOUR ENROLLMENT WELCOME LETTER.
- IF YOU ARE EXPERIENCING DIFFICULTY IN GETTING ALL DOCUMENTS COMPLETED TO ENROLL YOUR ADULT CHILD, PLEASE CONTACT THE FUND OFFICE AT 1-800-252-6571, EXT 5.

OTHER INSURANCE INFORMATION

- IF YOU, YOUR SPOUSE OR YOUR DEPENDENTS HAVE OTHER PRIMARY INSURANCE, PLEASE PROVIDE THE GROUP NUMBER, POLICY NUMBER AND PHONE NUMBER FOR THE OTHER CARRIER(S) OR INCLUDE COPIES OF THE PRIMARY CARRIER'S BENEFIT CARD(S).

SPOUSE INSURANCE REQUIREMENT

- IF YOUR SPOUSE IS EMPLOYED FULL-TIME AND HAS MEDICAL COVERAGE OFFERED THROUGH HIS OR HER EMPLOYER, HE OR SHE MUST ENROLL IN THE EMPLOYER'S COMPARABLE PLAN BEFORE ANY MEDICAL BENEFITS CAN BE PAID UNDER THIS PLAN.

ADDRESS UPDATES

- IF YOU MOVE DURING THE PLAN YEAR, PLEASE UPDATE YOUR ADDRESS BY COMPLETING A CHANGE OF ADDRESS FORM, WHICH CAN BE DOWNLOADED FROM THE FORMS GALLERY LOCATED ON THE FUND'S WEBSITE AT www.central-laborers.com
- IF YOUR DEPENDENT(S), 18 YEARS AND OLDER, MOVES FROM YOUR PRIMARY ADDRESS, A CHANGE OF ADDRESS FORM, SIGNED BY THAT DEPENDENT, IS REQUIRED.
- IF AN ADDRESS IS NOT ON FILE, CLAIMS CANNOT BE PAID UNTIL THAT INFORMATION HAS BEEN UPDATED WITH A SIGNED CHANGE OF ADDRESS FORM.

IMPORTANT INFORMATION (Cont.)

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REQUIRED DOCUMENTS

- A LIST OF REQUIRED DOCUMENTS HAVE BEEN PROVIDED ON THE BACK COVER OF THIS BROCHURE. IF YOU HAVE NOT PROVIDED ONE OF THE LISTED DOCUMENTS, PLEASE MAIL A COPY OF THAT DOCUMENT TO THE FUND OFFICE.

OPEN ENROLLMENT DEADLINE

- THE ONLINE OPEN ENROLLMENT PROCESS IS ONLY AVAILABLE FOR 30-DAYS. THE DATE IN WHICH THE ONLINE PROCESS WILL END IS LISTED ON YOUR OPEN ENROLLMENT WELCOME LETTER.
- IF YOU DO NOT COMPLETE THE ONLINE PROCESS BY THE DEADLINE DATE LISTED, A PAPER OPEN ENROLLMENT FORM WILL NEED TO BE COMPLETED BEFORE CLAIMS MAY BE CONSIDERED AND PAID IN 2018.

OPEN ENROLLMENT IS REQUIRED

- EVEN IF YOU ARE NOT CHOOSING A NEW NETWORK FOR THE PLAN YEAR, AN OPEN ENROLLMENT FORM, EITHER ONLINE OR ON PAPER, IS REQUIRED BEFORE ANY CLAIMS WILL BE CONSIDERED AND PAID IN 2018.

MEDICAL, DENTAL AND PRESCRIPTION CARDS

- IF YOU ARE NOT CHANGING NETWORKS IN 2018, YOUR BENEFIT CARDS MAY NOT BE REISSUED AND YOUR OLD CARDS CAN BE USED IN THE NEW PLAN YEAR.
- IF YOU DO CHANGE NETWORKS IN 2018, NEW MEDICAL BENEFIT CARDS WILL BE ISSUED.
- DENTAL AND PRESCRIPTION BENEFIT CARDS WILL NOT BE REISSUED. IF YOU NEED NEW OR ADDITIONAL CARDS, YOU MAY REQUEST THOSE BY CALLING 1-800-252-6571.



QUESTIONS?
PLEASE CONTACT THE FUND OFFICE
1-800-252-6571
OPEN ENROLLMENT – OPT 5
ELIGIBILITY – OPT 6 THEN OPT 4
MEDICAL CLAIMS – OPT 6, THEN OPT 2
DENTAL CLAIMS – OPT 6, THEN OPT 5



THE 2018 NETWORKS



WHAT ARE HMO AND PPO PLANS?

HMO and PPO plans are health care plans that have contracts with a network of providers. The plans require the providers to offer certain services, comply with specific billing practices and accept discounts on the charges each provider bills for medical services rendered.

WHY IS THAT IMPORTANT TO ME?

Central Laborers' Welfare Fund offers two health care plan networks from which you can choose. Based on where you live, the providers you want to see and the hospitals you want to use, you can decide which plan offers the network that best meets your needs and the needs of your family.

HOW CAN I FIND OUT WHAT PROVIDERS PARTICIPATE WITH EACH PLAN?

You may contact the plans direct and ask if your providers participate in the network offered. Alternatively you can visit each plan's website and look up your providers or you can call your providers to determine if they are network providers with the plan you will choose for 2018.

WHAT IF I CHOOSE A PLAN AND THEN GO TO A PROVIDER WHO IS NOT IN THE NETWORK?

If you are eligible through active employment and choose the BlueCross/BlueShield or HealthLink networks, you do have some out of network benefits. However, you will pay a higher deductible and a larger coinsurance amount for the claims you incur with those providers. If you are eligible as a retiree and you choose the BlueCross/BlueShield network, you will not have benefits paid by Central Laborers' Welfare Fund if you go to an out-of-network provider.

THE 2018 NETWORKS

DO I HAVE TO USE A NETWORK PROVIDER FOR ALL OF MY BENEFITS?

No. A network provider is not required for your Vision, Hearing or Dental Benefits. Your prescription benefits are provided through CVS/Caremark. To receive prescription benefits, you must purchase your medications at a participating CVS/Caremark pharmacy.



HOW DO I REACH BLUECROSS/BLUESHIELD OF ILLINOIS?

To get information regarding providers who participate in the BlueCross/BlueShield network, you may:

Call: 800-810-2583

Visit their website: www.bcbsil.com

The Central Laborers' BlueCross/BlueShield Plan is - "Labor Account"



HOW DO I REACH HEALTHLINK?

To get information regarding providers who participate in the HealthLink network, you may:

Call: 1-800-624-2680

Visit their website: www.healthlink.com

The Central Laborers' HealthLink Plan is - "HealthLink Open Access III"

WHAT IF I NEED OTHER BENEFIT INFORMATION?

If you are needing information regarding each of the plans, other than a list of providers who participate in their networks, contact Central Laborers' Welfare Fund at 1-800-252-6571.



ONLINE ENROLLMENT

STEP 1

IF YOU DO NOT HAVE YOUR NETime BENEFIT USERNAME AND PASSWORD, YOU WILL NEED TO ESTABLISH ONE THROUGH THE CENTRAL LABORERS' WEBSITE.

1. INITIATE AN INTERNET CONNECTION ON YOUR COMPUTER
2. IN THE ADDRESS LINE OF YOUR BROWSER TYPE www.central-laborers.com
3. ONCE ON THE WEBSITE, CLICK ON THE NETime BENEFITS LINK IN THE CENTER OF THE PAGE

4. CLICK ON THE REQUEST USERNAME LINK

NETime Benefits® Login Page

If you have previously logged into the NETime Benefits system using a Social Security Number and PIN and have not created a new username, please enter in your Social Security Number in the Username box and enter your PIN in the Password box below.

If you have already requested a Username, you will be receiving a statement with your new account information.

After logging in, you will be prompted to create a new Username and Password that you will use in the future.

This change is being provided to better protect the membership and your personal information.

Thank you for your cooperation.

Please enter your Username and Password:

Username: [Request username](#)

Password: [Forgot password](#)

5. COMPLETE THE INFORMATION REQUESTED AND CLICK SUBMIT
6. YOUR USERNAME AND PASSWORD WILL BE MAILED TO YOU.
7. ONCE RECEIVED, YOU MAY ACCESS THE ONLINE OPEN ENROLLMENT PROCESS

Request Username Page

All of the fields below are required. The information you enter must match the information we have on file for you.

User Type:

First Name:

Last Name:

Social Security Number (mm-yyyy): - -

Date of Birth (mm/dd/yyyy): / /

5-Digit ZIP Code:

ONLINE ENROLLMENT



STEP 2

ONCE YOU HAVE RECEIVED YOUR USERNAME AND PASSWORD FOR NETime BENEFITS

1. INITIATE AN INTERNET CONNECTION ON YOUR COMPUTER
2. IN THE ADDRESS LINE OF YOUR BROWSER TYPE www.central-laborers.com
3. ONCE ON THE WEBSITE, CLICK ON OPEN ENROLLMENT 2018 LINK



4. ENTER YOUR NETime BENEFIT USERNAME AND PASSWORD
5. FOLLOW ALL THE PROMPTS ON YOUR SCREEN AND FILL IN THE REQUIRED FIELDS
6. WHEN PROMPTED, CHOOSE YOUR BENEFIT PLAN (NETWORK)
7. ADD OR CONFIRM YOUR BENEFICIARIES
8. ONCE COMPLETED, RETYPE YOUR EMAIL ADDRESS IN LOWERCASE IN THE SPACE PROVIDED AND CLICK COMPLETE
9. A CONFIRMATION EMAIL WILL BE SENT TO YOU IF YOU SUCCESSFULLY COMPLETED YOUR ONLINE ENROLLMENT
10. IF YOU RECEIVE A CONFIRMATION EMAIL, YOU MAY ASSUME YOUR ENROLLMENT HAS BEEN RECEIVED AND IS PROCESSING.
11. CALL THE FUND OFFICE ONLY IF YOU DO NOT RECEIVE AN EMAIL CONFIRMING COMPLETION OF YOUR ONLINE ENROLLMENT

NEED HELP?

**CALL CENTRAL LABORERS' WELFARE FUND OPEN ENROLLMENT
1-800-252-6571 OPT 5**

PAPER ENROLLMENT

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IF YOU PREFER OR ARE UNABLE TO UTILIZE THE EASY ONLINE ENROLLMENT PROCESS, YOU WILL NEED TO COMPLETE AND MAIL A PAPER FORM, WHICH HAS BEEN INCLUDED IN YOUR OPEN ENROLLMENT PACKET. TO ENSURE THAT YOUR ENROLLMENT FORM CAN BE PROCESSED WITHOUT DELAY, PLEASE FULLY COMPLETE THE ENROLLMENT FORM AND INCLUDE ALL THE INFORMATION THAT IS REQUESTED.

TO COMPLETE THE PAPER PROCESS

1. COLLECT DEMOGRAPHIC INFORMATION FOR YOU, YOUR SPOUSE AND YOUR DEPENDENTS. THIS WILL INCLUDE NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER AND ADDRESS. PLEASE INCLUDE DIFFERENT ADDRESSES FOR DEPENDENTS LIVING SOMEWHERE OTHER THAN YOUR ADDRESS. ALSO ENCLOSE OTHER INSURANCE INFORMATION, SPOUSE AND DEPENDENT EMPLOYMENT INFORMATION, ETC.
2. STARTING AT THE TOP OF THE ENROLLMENT FORM, COMPLETE ALL SECTIONS OF THE FORM.
3. IF YOU DO NOT HAVE THE REQUIRED INFORMATION, PLEASE DO NOT LEAVE A SECTION BLANK. OBTAIN THE REQUESTED INFORMATION AND COMPLETE THE ENTIRE FORM BEFORE YOU SUBMIT IT TO THE FUND OFFICE. OMITTING A REQUIRED SECTION OF THE FORM WILL RESULT IN A DELAY IN PROCESSING YOUR 2018 OPEN ENROLLMENT.
4. ON THE BACK OF THE FORM, CHOOSE YOUR 2018 BENEFIT PLAN (NETWORK).
5. REVIEW THE INFORMATION YOU HAVE ENTERED AND CONFIRM THAT IT IS ACCURATE.
6. READ THE BACK OF THE DOCUMENT, SIGN AND DATE THE FORM BEFORE RETURNING IT TO THE FUND OFFICE.
7. MAKE COPIES OF OTHER INSURANCE CARDS.
8. IF YOU HAVE ADULT DEPENDENTS YOU ARE ENROLLING, COMPLETE THE PROOF OF ADULT RELATIONSHIP FORM(S) (SECTION 1) AND FORWARD THE EMPLOYER PORTION (SECTION 2) TO YOUR ADULT DEPENDENT'S EMPLOYER FOR COMPLETION.
9. PLACE THE OPEN ENROLLMENT FORM, ALONG WITH LEGAL DOCUMENTS (IF NECESSARY) AND COPIES OF OTHER INSURANCE CARDS IN THE SELF-ADDRESSED ENVELOPE. MAIL THE PAPER ENROLLMENT FORM AND ALL YOUR ATTACHMENTS PRIOR TO THE DEADLINE DATE NOTED ON YOUR WELCOME LETTER.

SITUATION	REQUIRED DOCUMENTS
BIOLOGICAL CHILD (PARENTS MARRIED) (ANY AGE)	COPY OF THE CHILD'S BIRTH CERTIFICATE
BIOLOGICAL CHILD (PARENTS NEVER MARRIED) (ANY AGE)	COPY OF THE CHILD'S BIRTH CERTIFICATE AND A VOLUNTARY ACKNOWLEDGMENT OF PATERNITY OR LEGAL DOCUMENT SHOWING PARTICIPANT'S RESPONSIBILITY TO COVER
LEGALLY ADOPTED OR PENDING ADOPTION (ANY AGE)	COPY OF ADOPTION PAPERS OR SWORN STATEMENT WITH DATE OF PLACEMENT
CHILD PLACED UNDER FOSTER CARE (ANY AGE)	COPY OF DOCUMENT PLACING THE CHILD IN THE PARTICIPANT'S HOME FOR FOSTER CARE
CHILD PLACED UNDER FOSTER CARE (ANY AGE)	COPY OF DOCUMENT PLACING THE CHILD IN THE PARTICIPANT'S HOME FOR FOSTER CARE
ADULT CHILD (AGE 19-26) (NOT HANDICAPPED) (THIS DOCUMENTATION WILL BE ANNUALLY. ALL DOCUMENT REQUESTS MUST BE RESPONDED TO TIMELY TO AVOID A LOSS OF ELIGIBILITY.)	ADULT CHILD RELATIONSHIP FORMS (IF EMPLOYED, THE EMPLOYER MUST COMPLETE THEIR PORTION AND RETURN IT TO THE FUND OFFICE.)
ADULT CHILD (HANDICAPPED)	A DEPENDENT CONFIRMATION FORM AND A STATEMENT, FROM A LICENSED PHYSICIAN OR A COURT, WHICH CONFIRMS THE DEPENDENT'S INCAPACITY.
SPOUSE	COPY OF THE MARRIAGE CERTIFICATE AND YOUR SPOUSE'S OTHER INSURANCE CARDS. (IF YOUR SPOUSE IS EMPLOYED FULL TIME AND INSURANCE IS OFFERED THROUGH THAT EMPLOYMENT, YOUR SPOUSE IS REQUIRED TO ENROLL IN THAT COVERAGE BEFORE THIS PLAN WILL COORDINATE BENEFITS.)
REMOVING EX-SPOUSE, DEPENDENT/STEP-CHILDREN DUE TO DIVORCE OR LEGAL SEPARATION	COPY OF THE DIVORCE DECREE. MUST BE A FILED COPY (STAMPED BY THE COURT)
TERMINATING SPOUSE OR DEPENDENT COVERAGE DUE TO DEATH	COPY OF THE DEATH CERTIFICATE



OPEN ENROLLMENT 2018

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JACKSONVILLE, IL 62651-1267
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