

Central Laborers' Welfare Fund

OPEN ENROLLMENT BROCHURE 2012

COMPLETE YOUR ENROLLMENT ONLINE
AT
WWW.CENTRAL-LABORERS.COM

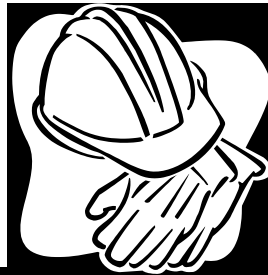
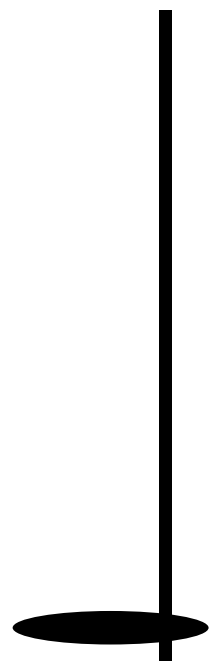
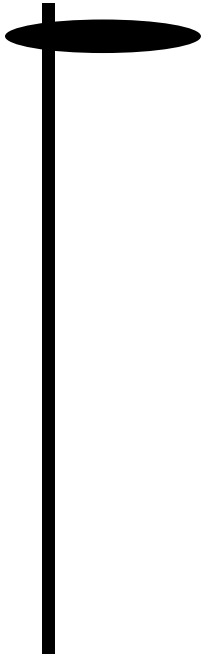


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CENTRAL LABORERS' WELFARE FUND
OPEN ENROLLMENT 2012



FROM THE TRUSTEES

THE CENTRAL LABORERS' WELFARE FUND'S BOARD OF TRUSTEES WELCOME YOU TO THE 2012 OPEN ENROLLMENT. THE TRUSTEES ARE PROUD TO BE ABLE TO PROVIDE YOU AND YOUR ELIGIBLE DEPENDENTS WITH A MEDICAL, DENTAL, VISION, HEARING AND PRESCRIPTION DRUG PLAN THAT OFFERS COMPREHENSIVE COVERAGE AND FLEXIBLE NETWORK OPTIONS.

THE TRUSTEES REALIZE THAT HEALTHCARE COSTS ARE ON THE RISE AND THAT MEANS MORE OUT OF POCKET EXPENSES FOR YOU AND YOUR FAMILY. IN THE LAST YEAR, MANY EMPLOYERS REPORTED THAT THEY HAD TO INCREASE DEDUCTIBLES AND REDUCE CO-INSURANCE RATES JUST TO KEEP THEIR HEALTH BENEFITS AFFORDABLE. OTHER EMPLOYERS HAD TO ELIMINATE HEALTH INSURANCE FROM THEIR BENEFIT PACKAGES DUE TO ESCALATING COSTS. ACCORDING TO THE HEALTH RESEARCH & EDUCATION TRUST, HEALTH INSURANCE PREMIUMS NEARLY TRIPLED IN 2011 AND MEDICAL EXPENSES INCREASED AT ALMOST THE SAME ALARMING RATE. THE EXPERTS REPORT THAT THEY DO NOT ANTICIPATE ANY REAL RELIEF IN THE SHORT TERM.

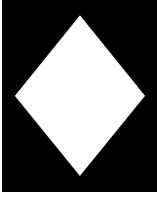
THE CENTRAL LABORERS' WELFARE FUND TRUSTEES ARE PLEASED TO INFORM YOU THAT YOUR DEDUCTIBLES ARE NOT GOING UP AND YOUR COINSURANCE RATES WILL REMAIN THE SAME THIS PLAN YEAR. BENEFITS THAT YOU HAVE RECEIVED AS A PART OF YOUR BENEFIT PLAN IN THE PAST WILL REMAIN IN YOUR PLAN'S PACKAGE. ALL ELIGIBLE PARTICIPANTS AND DEPENDENTS CAN RECEIVE PREVENTATIVE EXAMINATIONS AND ACUTE CARE TREATMENT AND SERVICES TO ADDRESS CHRONIC CONDITIONS. THE DENTAL, VISION AND HEARING BENEFITS REMAIN INTACT AND PRESCRIPTION MEDICATIONS CAN STILL BE PURCHASED AT A CONTROLLED RATE THROUGH YOUR PRESCRIPTION DRUG BENEFIT PLAN.

ALTHOUGH THE FUTURE OF OUR ECONOMY IS UNKNOWN AND THE DIRECTION OF HEALTHCARE REFORM IS UNCLEAR, ONE THING IS CERTAIN, THE TRUSTEES WILL CONTINUE TO MAKE EVERY EFFORT TO ADMINISTER THE PLAN IN THE MOST COST EFFECTIVE MANNER SO THEY CAN OFFER YOU AND YOUR ELIGIBLE DEPENDENTS THE BEST BENEFITS AVAILABLE. THE TRUSTEES AND FUND OFFICE STAFF KNOW THAT THE FUND EXISTS BECAUSE OF YOU. THE CENTRAL LABORERS' WELFARE FUND TRUSTEES AND STAFF THANK YOU FOR THE OPPORTUNITY TO WORK WITH YOU AND YOUR FAMILY AND WOULD LIKE TO ASSURE YOU THAT THEY WILL CONTINUE TO WORK HARD FOR YOU THROUGHOUT THE 2012 PLAN YEAR.

PLEASE FEEL FREE TO CONTACT FUND PERSONNEL WITH ANY QUESTIONS YOU MAY HAVE AS YOU COMPLETE YOUR ENROLLMENT AND THROUGHOUT THE 2012 PLAN YEAR.

SINCERELY,

Central Laborers' Welfare Fund Trustees



CENTRAL LABORERS' WELFARE FUND

ONLINE ENROLLMENT GUIDE

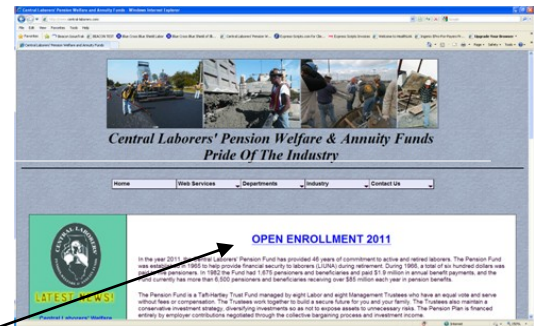
CENTRAL LABORERS' WELFARE FUND OFFERS AN ONLINE ENROLLMENT PROCESS THAT IS QUICK AND EASY. ALL YOU NEED IS ACCESS TO A COMPUTER, AN INTERNET CONNECTION AND YOUR CENTRAL LABORERS' PENSION, WELFARE AND ANNUITY FUND NETIME BENEFIT PIN NUMBER.

STEP 1

OPEN AN INTERNET SESSION AND LOG ON TO THE CENTRAL LABORERS' WEBSITE BY TYPING

WWW.CENTRAL-LABORERS.COM

IN YOUR INTERNET BROWSER ADDRESS BAR.



STEP 2

CLICK ON THE OPEN ENROLLMENT LINK FOUND IN THE MENU ON THE LEFT SIDE OF THE PAGE OR IN THE CENTER OF THE HOME PAGE.

STEP 3

IF YOU DO NOT HAVE A CENTRAL LABORERS' PENSION, WELFARE & ANNUITY FUND PIN NUMBER, YOU MAY ENTER YOUR SOCIAL SECURITY NUMBER AND CHECK THE BOX NEXT TO "REQUEST A PIN". A PIN NUMBER WILL BE MAILED TO THE ADDRESS ON FILE.

(FOR SECURITY REASONS, A PIN NUMBER CANNOT BE ISSUED OVER THE PHONE. IF YOU HAVE LOST YOUR PIN NUMBER, YOU WILL NEED TO REQUEST A NEW ONE BY FOLLOWING THE INSTRUCTIONS LISTED ABOVE.)



STEP 4

ONCE YOU HAVE YOUR PIN NUMBER, ENTER IT AND YOUR SOCIAL SECURITY NUMBER WHEN PROMPTED. THIS WILL GIVE YOU ACCESS TO THE NETIME OPEN ENROLLMENT SITE LINK.

STEP 5

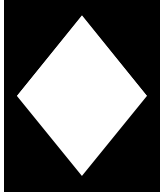
FOLLOW THE PROMPTS AND FILL IN ALL THE REQUIRED FIELDS. WHEN INDICATED, CHOOSE A BENEFIT PLAN. THEN, CONFIRM YOUR BENEFICIARIES AND FILE AFTER ENTERING YOUR EMAIL ADDRESS. THEN CLICK COMPLETE AND WATCH FOR AN EMAIL CONFIRMATION THAT WILL VERIFY YOU HAVE SUCCESSFULLY ENROLLED.

CALL 1-800-252-6571

1. IF YOU NEED HELP ACCESSING THE WEBSITE.
2. IF YOU DO NOT RECEIVE A SUCCESSFUL COMPLETION CONFIRMATION EMAIL.
3. IF YOU HAVE ANY QUESTIONS REGARDING YOUR PLAN CHOICES.

CENTRAL LABORERS' WELFARE FUND

PAPER ENROLLMENT GUIDE

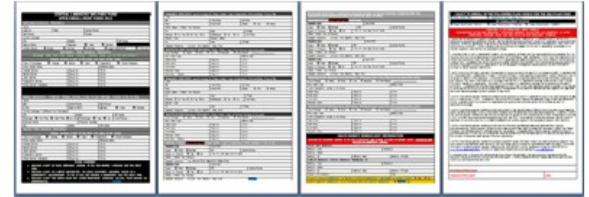


CENTRAL LABORERS' WELFARE FUND OFFERS A PAPER ENROLLMENT PROCESS FOR THOSE WHO DO NOT WISH TO ENROLL ONLINE. TO COMPLETE THE PAPER ENROLLMENT, PLEASE LOCATE THE FOUR PAGE ENROLLMENT FORM IN YOUR ENROLLMENT PACKET.

STEP 1

COLLECT THE FOLLOWING INFORMATION:

1. THE NAMES, DATES OF BIRTH, SOCIAL SECURITY NUMBERS AND ADDRESS FOR EACH OF YOUR DEPENDENTS.
2. GATHER ANY LEGAL DOCUMENTS YOU HAVE NOT ALREADY SUBMITTED TO THE FUND OFFICE, SUCH AS BIRTH CERTIFICATES, MARRIAGE LICENSE, ETC.
3. RETRIEVE YOUR SPOUSE'S AND DEPENDENT'S EMPLOYMENT INFORMATION.
4. HAVE AVAILABLE THE INFORMATION FOR THE BENEFICIARY OR BENEFICIARIES YOU WILL DESIGNATE TO RECEIVE YOUR DEATH BENEFIT.



STEP 2

STARTING AT THE TOP OF THE ENROLLMENT FORM, COMPLETE ALL SECTIONS OF THE FORM. THE FORM IS PRINTED ON THE FRONT AND BACK OF EACH PAGE.

STEP 3

IF YOU DO NOT HAVE THE REQUIRED INFORMATION REQUESTED ON THE FORM, PLEASE DO NOT LEAVE THE SECTION BLANK, AS THAT WILL DELAY PROCESSING YOUR ENROLLMENT. OBTAIN THE REQUIRED INFORMATION AND COMPLETE THE FORM BEFORE RETURNING IT TO THE FUND OFFICE.

STEP 4

ON THE BACK PAGE, PLEASE CHOOSE YOUR 2012 BENEFIT PLAN.

STEP 5

REVIEW THE INFORMATION YOU HAVE ENTERED ON THE FORM TO CONFIRM IT IS ACCURATE. THEN, SIGN AND DATE THE BACK PAGE OF THE FORM AND MAKE COPIES OF THE FRONT AND BACK OF ALL OTHER INSURANCE CARDS.

STEP 6

PLACE THE FORM, COPIES OF OTHER INSURANCE CARDS AND ANY LEGAL DOCUMENTS IN THE RETURN ENVELOPE AND MAIL IT TO THE FUND OFFICE BY THE DEADLINE DATE LISTED ON YOUR 2012 OPEN ENROLLMENT LETTER.



INCLUDE COPIES OF ALL OTHER INSURANCE CARDS FROM CARRIERS THAT COVER YOU, YOUR SPOUSE OR YOUR DEPENDENTS.

CALL 1-800-252-6571

1. IF YOU NEED HELP LOCATING YOUR ENROLLMENT FORM.
2. IF YOU HAVE QUESTIONS REGARDING A PARTICULAR SECTION ON THE FORM.
3. IF YOU HAVE ANY QUESTIONS REGARDING YOUR PLAN CHOICES.

**SPECIAL ENROLLMENT-ADULT CHILDREN
(AGE 19 UNTIL AGE 26)**

ANY ADULT CHILD (AGE 19 UP TO AGE 26) WHOSE COVERAGE ENDED, OR WHO WAS DENIED COVERAGE AS AN ADULT CHILD WILL BE GIVEN THE OPPORTUNITY TO ENROLL FOR 30 DAYS FROM THE DATE OF THIS ENROLLMENT NOTICE. ELIGIBILITY OF SUCH CHILD WILL BE EFFECTIVE THE FIRST DAY OF A PARTICIPANT'S ELIGIBILITY, ON OR AFTER JANUARY 1, 2012. (PLEASE NOTE-NOT ALL ADULT CHILDREN WILL BE ELIGIBLE FOR BENEFITS.) FOR MORE INFORMATION, CONTACT CENTRAL LABORERS' WELFARE FUND AT 1-800-252-6571.

GRANDFATHERED PLAN NOTICE

THE CENTRAL LABORERS' WELFARE FUND ("FUND") BELIEVES THAT IT IS A "GRANDFATHERED HEALTH PLAN" UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (THE AFFORDABLE CARE ACT). AS PERMITTED BY THE AFFORDABLE CARE ACT, A GRANDFATHERED HEALTH PLAN CAN PRESERVE CERTAIN BASIC HEALTH COVERAGE THAT WAS ALREADY IN EFFECT WHEN THAT LAW WAS ENACTED. BEING A GRANDFATHERED HEALTH PLAN MEANS THAT THE FUND MAY NOT INCLUDE CERTAIN CONSUMER PROTECTIONS OF THE AFFORDABLE CARE ACT THAT APPLY TO OTHER PLANS, FOR EXAMPLE, THE REQUIREMENT FOR THE PROVISION OF PREVENTIVE HEALTH SERVICES WITHOUT ANY COST SHARING. HOWEVER, GRANDFATHERED HEALTH PLANS MUST COMPLY WITH CERTAIN OTHER CONSUMER PROTECTIONS IN THE AFFORDABLE CARE ACT, FOR EXAMPLE THE ELIMINATION OF LIFETIME LIMITS ON BENEFITS. THE FUND WILL NOTIFY YOU WHEN CERTAIN OTHER CONSUMER PROTECTIONS ARE ADOPTED.

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 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.

YOUR RIGHTS AFTER A MASTECTOMY

FEDERAL LAW REQUIRES GROUP HEALTH PLANS TO PROVIDE MEDICAL AND SURGICAL BENEFITS FOR MASTECTOMIES, AND TO PAY FOR THE FOLLOWING, WHEN REQUESTED BY THE PATIENT, IN CONSULTATION WITH THEIR PHYSICIAN:

1. RECONSTRUCTION OF THE BREAST ON WHICH THE MASTECTOMY WAS PERFORMED,
2. SURGERY AND RECONSTRUCTION OF THE OTHER BREAST TO PRODUCE A SYMMETRICAL APPEARANCE; AND
3. PROSTHESIS AND PHYSICAL COMPLICATIONS OF ALL STAGES OF MASTECTOMY INCLUDING LYMPHEDEMAS.
4. THESE SERVICES ARE COVERED SO LONG AS THEY ARE PERFORMED BY A LICENSED PHYSICIAN AND ACCORDING TO PLAN PROVISIONS.

CONTACT INFORMATION

CENTRAL LABORERS' WELFARE FUND



CENTRAL LABORERS' WELFARE FUND
PO Box 1267
JACKSONVILLE, IL 62651-1267

PHONE: (800) 252-6571
ENROLLMENT PRESS 2
FAX: (217) 243-8619
EMAIL: claims@central-laborers.com

HOURS: MONDAY-THURSDAY-7:30 TO 5:00
FRIDAY-7:30 TO NOON
CLOSED SATURDAY AND SUNDAY



BLUECROSS/BLUESHIELD
CONTACT INFO

1-800-810-2583

VISIT THEIR WEBSITE:
www.bcbsil.com



HEALTHLINK
CONTACT INFO

1-800-624-2680

VISIT THEIR WEBSITE:
www.healthlink.com

CENTRAL LABORERS' WELFARE FUND

IN ADDITION TO COMPLETION OF THE ONLINE OR PAPER OPEN ENROLLMENT, PLEASE PROVIDE ALL THE DOCUMENTS THAT PERTAIN TO YOUR SITUATION FROM THE LIST BELOW.

DEPENDENTS AGE BIRTH TO 19 YEARS OLD (MUST INCLUDE ONE OR MORE OF THE FOLLOWING:

BIOLOGICAL CHILD (PARENTS MARRIED)	COPY OF CHILD'S BIRTH CERTIFICATE.
BIOLOGICAL CHILD (PARENTS NEVER MARRIED)	COPY OF CHILD'S BIRTH CERTIFICATE AND VOLUNTARY ACKNOWLEDGEMENT OF PATERNITY OR LEGAL DOCUMENT SHOWING A RESPONSIBILITY TO COVER THE CHILD.
BIOLOGICAL CHILD (PARENTS DIVORCED)	COPY OF CHILD'S BIRTH CERTIFICATE AND THE FIRST AND LAST PAGE OF THE DIVORCE DECREE, STAMPED BY THE COURT, ALONG WITH THE PAGE SHOWING THE CUSTODIAL PARENT AND WHO IS RESPONSIBLE FOR THE CHILD'S INSURANCE COVERAGE.
LEGALLY ADOPTED OR PENDING ADOPTION	COPY OF ADOPTION PAPERS OR SWORN STATEMENT WITH DATE OF PLACEMENT.
CHILD PLACED UNDER LEGAL GUARDIANSHIP	COPY OF GUARDIANSHIP PAPERS.
CHILD PLACED UNDER FOSTER CARE	COPY OF DOCUMENT PLACING THE CHILD IN THE PARTICIPANT'S HOME FOR FOSTER CARE.
STEP-CHILD	COPY OF THE CHILD'S NATURAL PARENT'S FIRST AND LAST PAGE OF THE DIVORCE DECREE, STAMPED BY THE COURT, ALONG WITH THE PAGE SHOWING THE CUSTODIAL PARENT AND WHO IS RESPONSIBLE FOR THE CHILD'S INSURANCE COVERAGE.

ADULT CHILDREN AGE 19-26 (MUST INCLUDE A BIRTH CERTIFICATE)

ADULT CHILD (NOT HANDICAPPED)	IF EMPLOYED, COMPLETE YOUR PORTION OF THE ADULT CHILD INSURANCE COVERAGE INFORMATION FORM AFTER WHICH YOUR ADULT CHILD'S EMPLOYER SHOULD COMPLETE THEIR PORTION AND RETURN THE FORM TO THE FUND OFFICE.
UNMARRIED DEPENDENT (HANDICAPPED)	DOCUMENTS OUTLINED IN SECTION A, A DEPENDENT CONFIRMATION FORM AND STATEMENT PROVIDING PROOF OF INCAPACITY INCLUDING THE DATE THE HANDICAP BEGAN.

OTHER CIRCUMSTANCES

SPOUSE	COPY OF MARRIAGE CERTIFICATE AND A COPY OF YOUR SPOUSE'S PRIMARY INSURANCE CARD(S). PLEASE REMEMBER- IF YOUR SPOUSE WORKS FULL-TIME AND IS OFFERED INSURANCE COVERAGE THROUGH THAT EMPLOYER, YOUR SPOUSE MUST ENROLL IN THAT COVERAGE BEFORE BENEFITS WILL BE PAID BY CENTRAL LABORERS' WELFARE FUND.
REMOVING EX-SPOUSE, DEPENDENT/STEP-CHILDREN DUE TO DIVORCE OR LEGAL SEPARATION.	COPY OF THE FIRST AND LAST PAGE OF THE DIVORCE DECREE STAMPED BY THE COURT.
TERMINATING SPOUSE OR DEPENDENT COVERAGE DUE TO DEATH	COPY OF THE DEATH CERTIFICATE.

IF YOU HAVE ANY QUESTIONS REGARDING DEPENDENT COVERAGE, PLEASE CALL THE FUND OFFICE AT:

1-800-252-6571