

ADMINISTRATION OFFICE

4th DISTRICT IBEW HEALTH FUND

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IMPORTANT NOTICE ABOUT CHANGES TO THE 4TH DISTRICT IBEW

HEALTH AND WELFARE PLAN

March 1, 2010

This Notice explains an important change that is being made to the 4th District IBEW Health Plan. The change to the Plan described in this Notice will be effective immediately. You are urged to carefully review this Notice and address any questions to the Benefit Office or the Board of Trustees. This Notice should be kept with your records of Plan activities.

Procedure to Appoint an Authorized Representative

The Board of Trustees would like to inform all participants about an important new change to the Plan. Please read this Notice carefully and keep it with your records.

Federal regulations allow for a health plan to establish reasonable procedures for determining whether an individual has been authorized to act on behalf of a participant. The Plan will require a participant to complete a form that includes details about the covered participant, the designated authorized representative and the scope of the appointment. In addition, because in virtually all cases an authorized representative would need access to the participant's personal health information to effectively act on their behalf, a form allowing for disclosure of the personal health information must also be completed.

Effective March 1, 2010, any participant who would like an individual to act on his behalf with respect to the Plan must complete an Appointment of Authorized Representative Form. In addition, an Authorization Form for PHI Disclosure must be completed if the appointed authorized representative will be allowed access to the individual's personal health information (PHI).

Example: Dave would like his brother, Marvin, to handle an appeal relating to Dave's denied health benefits claim. In order for Marvin to act on Dave's behalf, Dave will have to complete the Appointment of Authorized Representative Form. In addition, because handling Dave's appeal will mean that Marvin will need access to Dave's personal health information (PHI), Dave will also need to fill out the Authorization Form for PHI Disclosure.

Sincerely,

Board of Trustees