

4th DISTRICT IBEW HEALTH FUND

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www.4thdistricthealthfund.com



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. This Notice should be kept with your benefit booklet.

SELF-CONTRIBUTIONS FOR ADDITIONAL HEALTH COVERAGE AVAILABLE WHILE RECOVERING FROM OCCUPATIONAL INJURY OR ILLNESS

Effective May 1, 2010, the Trustees have agreed to permit participants who are unable to work due to an occupational injury or illness, and who have exhausted the maximum period of full self-contributions, to make self-contributions for additional six (6) month increments until they are able to regain eligibility through active employment. To take advantage of this benefit, you must do the following:

- Submit a written request for the additional periods of coverage with the required payment;
- Provide evidence of an occupational injury recognized by a state Workers' Compensation agency;
- Provide any other evidence requested by the Plan administrator; and
- Upon the Participant's release to return to work, you must sign your Local Union's referral book and actively seek employment with a contributing employer.

Example:

Fred was injured on the job and has a partial disability award from the Ohio Bureau of Workers' Compensation. Since Fred has no balance in his Dollar Bank, he has been making payments to continue coverage for the past eighteen months. Fred is expected to make a full recovery and be released to actively seek work within the next 10 months. Fred may submit a written request with payment to the Benefit Office for an additional 6 month period of coverage, and if he is not able to actively seek work by the time that first 6 month period expires, he may submit a written request with payment for an additional 6 month period of coverage. Fred must provide evidence of his occupational injury in the form of the Ohio Workers' Compensation determination and/or any other information that the Plan Administrator may request each time he extends his self-contributions. He must also pay the appropriate coverage amount. Once Fred's doctor releases him to work, Fred must sign his Local Union's referral book and actively seek employment with a contributing employer.

Again, the Board invites you to address questions to the Benefit Office. Please see your Summary Plan Description or visit the website at www.4thdistricthealthfund.com for more information about your benefits.

Sincerely,

Board of Trustees