



**Instructions for
Enrolling an Adult Dependent Child Age 19 to 26
in the Chicago Regional Council of Carpenters Welfare Fund
Retiree Plan of Benefits**

**Special Enrollment Opportunity
Enrollment Forms and Supporting Documentation Deadline – June 17, 2011**

- 1. Review the List of Dependent Definitions and Required Documents** to determine if your dependent meets the definition of an adult dependent child age 19 to 26. If your dependent meets the criteria, proceed to step #2 below. Remember you must submit the required supporting documents (for example, a birth certificate for a biological child) to the Pension Department at the Fund Office by June 17, 2011.
- 2. Complete the Enrollment Form in its entirety.** Print clearly **in ink** and answer all questions. Enrollment will be delayed if the form is not legible or if a question is left unanswered. (Note: If your adult dependent child has other insurance, you must make a copy of his/her insurance card and return it with the completed Enrollment Form.)
- 3. The carpenter must sign and date the form.** The form is not valid without a signature.
- 4. Submit the completed Enrollment Form and all required documents necessary for enrollment no later than June 17, 2011 to:**

Scan & Email to: Pension@cdccbenefits.org

or

Fax to: Chicago Regional Council of Carpenters Welfare Fund
Attn: Pension Department
Fax Number: 312-951-3986
(Note: Write the Participant's ID number on each page)

or

Mail to: Chicago Regional Council of Carpenters Welfare Fund
Attn: Pension Department
12 East Erie Street – 8th Floor
Chicago, IL 60611

Please consider the following:

- The completed enrollment form and the Required Document(s) must be submitted to the Pension Department by June 17, 2011 for coverage to begin on July 1, 2011.
- If the Pension Department receives the documents after June 17, 2011, enrollment will only be considered in circumstances where an adult dependent child is covered by another Health Plan, and coverage under the other Plan is lost or terminated. Proof of the other coverage is required.
- Coverage for your child is contingent upon your eligibility as well as your dependent meeting the conditions for benefit coverage. Your child can only be enrolled in the same type of coverage that you are presently receiving. For example, if you (the retired carpenter) are only covered by the Prescription Drug benefit, then that is the only benefit in which you can enroll your adult dependent child.

**CHICAGO REGIONAL COUNCIL OF CARPENTERS WELFARE FUND
DEFINITIONS AND REQUIRED DOCUMENTS FOR
ENROLLMENT FOR ADULT DEPENDENT CHILDREN AGES 19 TO 26
RETIREE PLAN OF BENEFITS**

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENTS
Biological child younger than age 26	A biological child.	<ul style="list-style-type: none"> • Birth Certificate (county certified) listing the carpenter or retired carpenter as a biological parent, OR • Foreign Birth Certificate from Country of birth, OR • Qualified Medical Child Support Order – coverage generally applies only through age 18. <p><i>A Qualified Medical Child Support Order (QMCSO) is used to provide health insurance and medical benefits under a non-custodial parent's health insurance plan. A Qualified Medical Child Support Order can either be established through a court order, or through the Office of Child Support Enforcement.</i></p> <p>The Fund will also accept a National Medical Support Notice issued by the state child support enforcement agency.</p>
Adopted child younger than age 26	An adopted child placed for adoption before the age of 18.	<p><u>One</u> of the following documents:</p> <ul style="list-style-type: none"> • Court ordered Placement for Adoption • Final Adoption Order signed by a judge • International adoption papers from country of birth • Amended birth certificate listing the carpenter as a parent
Stepchild younger than age 26	<p>An unmarried stepchild for whom the participant provides more than one-half of the total support for such child and the stepchild must reside with the Participant for more than one-half of the Calendar Year.</p> <p>Note: Primary coverage for a stepchild is provided only in the event no other group health coverage is available through the biological parents and that no other person is obligated to provide health coverage.</p>	<ul style="list-style-type: none"> • Birth Certificate of stepchild (county certified), AND • Stepchild Dependent Affidavit, <p>AND one of the following documents:</p> <ul style="list-style-type: none"> • Divorce Decree - the first page, last page (with the official stamp to show proof filed with the court) and all sections relating to medical insurance and custody, OR • Death certificate, if biological parent is deceased, OR • Notarized letter from the biological parent stating that the stepchild's biological parent was never married.
Disabled biological child age 26 and older	<p>An unmarried biological child with a physical or mental disability provided that:</p> <ul style="list-style-type: none"> • The disability is permanent; • The disability began before the child attained age 19 and while the child was covered as a Dependent under the Plan; and • The child must be dependent on the participant for more than 50% of his/her financial support and maintenance. <p>Note: A child is considered disabled if he is so severely impaired, physically or mentally, that he is not capable of self-support.</p>	<ul style="list-style-type: none"> • Birth Certificate, AND • Participant Statement for Continuation of Coverage, <p>AND one of the following documents:</p> <ul style="list-style-type: none"> • A Physician's Statement certifying total and permanent disability • Notice of Determination of Disability from the Social Security Administration • Medicare Identification Card for dependent

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENTS
<p>Disabled step child age 26 and older</p>	<p>An unmarried step child with a physical or mental impairment provided that:</p> <ul style="list-style-type: none"> The disability is permanent; The disability began before the child reached age 19 and while the child was covered as a Dependent under the Plan; and The participant must attest to the Fund that he/she provides more than one-half of the total support for such child and the stepchild must reside with the Participant for more than one-half of the Calendar Year provided that: <p>Note:</p> <ul style="list-style-type: none"> A child is considered disabled if he/she is so severely impaired, physically or mentally, that he/she is not capable of self-support. Primary coverage for a stepchild is provided only in the event no other group health coverage is available through the biological parents and that no other person is obligated to provide health coverage. 	<ul style="list-style-type: none"> Birth Certificate, AND Stepchild Dependent Affidavit, AND Participant Statement for Continuation of Coverage, AND one of the following documents: A Physician's Statement certifying total and permanent disability Notice of Determination of Disability from the Social Security Administration Medicare Identification Card for dependent AND one of the following documents: Divorce Decree- the first page, last page (with the official stamp to show proof filed with the court) and all sections relating to medical insurance and custody, OR Death certificate, if biological parent is deceased, OR Notarized letter from the biological parent covered under the Plan stating that the stepchild's biological parents were never married.
<p>Disabled adopted child age 26 and older</p>	<p>An unmarried child placed for adoption before the age of 18, with a physical or mental disability provided that:</p> <ul style="list-style-type: none"> The disability must be considered permanent; The disability began before the child reached age 19 and while the child was covered as a Dependent under the Plan; and The child must be dependent on the participant for more than 50% of his/her financial support and maintenance. <p>Note: A child is considered disabled if he/she is so severely impaired, physically or mentally, that he/she is not capable of self-support. A child is not considered disabled if the disability is due to alcoholism or drug addiction.</p>	<p>One of the following documents:</p> <ul style="list-style-type: none"> Court ordered Placement for Adoption Final Adoption Order signed by a judge International adoption papers from country of birth Participant Statement for Continuation of Coverage, AND one of the following documents: A Physician's Statement certifying total and permanent disability Notice of Determination of Disability from the Social Security Administration Medicare Identification Card for dependent
<p><u>RESOURCES TO OBTAIN DOCUMENTS:</u></p> <p>Birth Certificates: www.idph.state.il.us/vitalrecords/index.htm</p> <p>Note: Wisconsin law (Statute 69.24) strictly prohibits the copying of any vital records; therefore, if you live in the state of Wisconsin you must obtain and submit a true certified copy. In no case will the Fund accept uncertified copies.</p>		
<p>If you have questions, please call the Pension Department at 312-787-9455 Telephone Option #4</p>		



CHICAGO REGIONAL COUNCIL OF CARPENTERS HEALTH-WELFARE FUND RETIREE PLAN OF BENEFITS

12 East Erie Street, Chicago, IL 60611
(312) 787-9455 . Option 4

Enrollment Form for an Adult Dependent Child Age 19 to 26

Enrollment Period: May 11, 2011 through June 17, 2011

Instructions: **Print Clearly in Ink.** This form can be used to enroll a dependent that is not currently eligible under the Plan but may be added as a result of HealthCare Reform (PPACA) laws. If you require an additional form, one can be downloaded from our website at www.cdccbenefts.org. The retired carpenter must complete this form in full, sign and date it. **The completed form and the required supporting documentation must be submitted to the Pension Department by June 17, 2011.**

Retired Participant's Name:	Retired Participant's SSN# or UID# (UID# is on BCBS I.D. Card)
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Retired Participant's Street Address, City, State & Zip:

Dependent's Name:	Dependent's SSN:	Dependent's Date of Birth:
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Dependent's Street Address, City, State & Zip:

Is this Dependent employed? __Yes __No If yes, provide employer name and telephone number:	Does this Dependent have other insurance? __Yes __No If yes, provide insurance information below:	Is this Dependent Covered By Medicare? __Yes __No If yes, provide Medicare ID number and copy of Medicare card.
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Name of other insurance: _____	Affix a copy of dependent's insurance card to this form.
Address of other Insurance: _____	
Policy Number: _____ Insurance Company Phone Number: _____	

Coverage Election - Your Adult Dependent Child can only be enrolled in the type of coverage that you are presently receiving.

Part A
Choose One

I elect to enroll my Dependent in the Comprehensive Medical Benefit (or Hospital only coverage if you, the retired carpenter, are covered by the Hospital only coverage and are not eligible for the Comprehensive Medical Benefit)

I do NOT wish to enroll my Dependent in the Comprehensive Medical or Hospital Only Benefit coverage

Part B
Choose One

I elect to enroll my Dependent in the Prescription Drug coverage

I do NOT wish to enroll my Dependent in the Prescription Drug coverage

Part C
Choose One

Biological Child Legally Adopted Child Stepchild

Statement: I understand that enrolling my adult dependent child in my coverage effective July 1, 2011 is contingent upon my own eligibility for benefits as well as the requirement that this completed form and all required supporting documentation be submitted to the Pension Department no later than June 17, 2011. If I send the documents to the Pension Department after June 17, 2011, coverage will begin on the first of the month following receipt of the enrollment form and required documents, provided that I also submit proof of *other coverage* for the adult dependent child from July 1, 2011 to the month of enrollment. I understand that the Fund is not required and will not provide coverage to my adult dependent's spouse or my adult dependent's children. I understand the Plan pays secondary to any employer coverage or self pay coverage that my adult dependent child has. If my adult dependent child obtains insurance coverage in the future through his or her employer or other source, including my spouse's coverage, I am required to notify the Fund Office with notice within 30 days. Failure to do so may result in termination of coverage for my adult dependent child and the forfeiture of COBRA rights under this Plan.

I authorize the Chicago Regional Council of Carpenters Pension Fund (Pension Fund) to deduct the appropriate premium for my adult dependent child's coverage from my monthly pension payment. I understand that premium rates may increase. I will receive notification 30 days prior to the increase. If premiums increase, the Pension Fund is authorized to withhold the increased premium amount from my pension payment.

It is fraudulent to fill out this form with information you know to be false or knowingly omit important facts. Criminal and/or civil penalties can result from such an act. If any of the above information is untrue, I agree to reimburse the Chicago Regional Council of Carpenters Welfare Fund for any money it was induced to pay as a result of the information I provided.

Signature of Retired Participant (Carpenter): _____ **Date:** _____

FREQUENTLY ASKED QUESTIONS

Enrollment for Adult Dependent Children Ages 19 to 26 Retiree Plan of Benefits

1. What are the Plan's requirements for enrollment of an adult dependent child?

- a. A fully completed and signed Enrollment Form; and
- b. A birth certificate which lists the participant (carpenter) as one of the biological parents.

The above is not meant to be an all inclusive list, additional documents are required for adopted and step children. Full details are provided on the Definitions and Required Documents listing.

2. Does the Fund require original documentation for enrollment?

No. Copies are acceptable.

3. How do I submit the required documents?

Documents may be submitted by fax to 312-951-3986, Attn: Pension Department, or scanned and emailed to Pension@cdccbenefits.org or mailed to the Fund Office at: Chicago Regional Council of Carpenters Welfare Fund, Attn: Pension Department, 12 East Erie Street, 8th Floor, Chicago, IL 60611.

4. Who can answer my questions about the requirements to add an adult dependent child?

Any one of the Pension Service Representatives can answer your questions. Call the Fund Office at 312-787-9455, phone option 4, Monday through Friday, between 8:00 a.m. and 4:30 p.m.

5. Who can I enroll during the open enrollment period?

Provided that you supply all the required documents and your child meets the definition of an adult dependent child age 19 to 26, you may enroll your biological, adopted or step child.

6. Will I receive verification that my adult dependent child's enrollment was processed?

Yes. The Fund Office will mail a confirmation notice to your home address after enrollment is complete.

7. How soon will my adult dependent child be covered?

If you submit the completed enrollment form and all of the required documents by June 17, 2011, your adult dependent may be covered as of July 1, 2011. Please keep in mind that the Fund Office will need up to 7 business days in order to process your documents and enroll your child in the Plan. To avoid a delay, we recommend you submit the enrollment form and copies of the required documents as soon as possible.

8. What if the enrollment form and required documents are submitted to the Fund Office after June 17, 2011?

If the enrollment form and required documents are submitted after June 17, 2011, enrollment will only be considered where the adult dependent child is covered by another Health Plan and coverage under the other Plan is lost or terminated. Proof of coverage is required.

9. If I want to add my dependent to my coverage at a later date, will I be allowed to do so?

As long as you, the retired carpenter, are eligible for benefits, you may enroll your adult child at a later date if your child had coverage through another Health Plan and coverage under the other Plan is lost or terminated. Proof of coverage is required.

10. Will I still have to provide full time student status for my 19 to 26 year old adult dependent child?

No. After July 1, 2011, coverage is not contingent upon full time student attendance. The full time student requirement has been eliminated.

11. Can I enroll my adult dependent child who is married but younger than age 26?

Yes. However, the Fund will not cover your adult dependent's spouse or their children. For details see the Definitions and Required Documents listing.

12. Can I enroll my adult dependent child who does not live with me and who is not financially dependent on me?

Yes. Living with the participant or being financially dependent on the participant is not a requirement. For details see the Definitions and Required Documents listing.

13. Can I enroll my adult dependent child who has insurance through his/her employer? What if my spouse's plan also offers adult dependent coverage?

Yes your adult dependent child can be covered under this Plan and a second plan. However, the coverage available through your dependent's employer is the primary carrier and the Fund will pay second. In the event your spouse's Plan offers adult dependent child coverage as well, coordination of benefit payment between plans will follow the rules provided in the Summary Plan Description.

14. In what type of coverage may I enroll my adult dependent child?

Remember that your child can only be enrolled in the same type of coverage that you are presently receiving. For example, if you are only covered by the Prescription Drug benefit, then that is the only benefit in which you can enroll your adult dependent child.

15. Do I need to pay a premium for coverage for my adult dependent child?

Yes. The premium for coverage for your adult dependent child will be deducted from your monthly pension payment. In rare cases, the total monthly premium amount may be greater than the monthly pension amount. If this occurs, special arrangements will be made to allow you to submit payments for the difference in the amounts. If this applies to you, the Pension Department will contact you regarding payment submission after all of the required enrollment materials are received.

If you are not retired on a disability pension and you are covered by the Comprehensive Major Medical (Group 50445) or the Comprehensive Medicare Supplement (Group 50446) and/or by tiered Prescription Drug premiums, then the applicable premium for your child is determined by the number of years of Vesting Credit that you earned as a working carpenter. The premium chart appears below.

Years of Vesting Credit	Monthly Premium for Non-Medicare Eligible Comprehensive Medical Benefits	Monthly Premium for Prescription Drug Coverage
10	300.00	106.00
11	294.00	106.00
12	289.00	106.00
13	284.00	106.00
14	278.00	106.00
15	273.00	96.00
16	267.00	96.00
17	262.00	96.00
18	257.00	96.00
19	251.00	96.00
20	246.00	86.00
21	241.00	86.00
22	235.00	86.00
23	230.00	86.00
24	225.00	86.00
25	219.00	75.00
26	214.00	75.00
27	209.00	75.00
28	203.00	75.00
29	198.00	75.00
30 or more	187.00	75.00

If you are receiving a disability pension and you are covered by the Comprehensive Major Medical (Group 50445) or the Comprehensive Medicare Supplement (Group 50446), the premium for the Comprehensive Major Medical for your child will be \$170.00 per month. If you (are also covered by the Prescription Drug Benefit, the premium for the Prescription Drug Benefit for your child will be an additional \$55.00 per month.

If you had a pension effective date of June 1, 2006 or earlier and you are currently covered by the Hospital Only benefit (group 50441 or 50498), the premium for the Hospital Only benefit for your child will be \$105.00 per month. If you are also covered by the Prescription Drug Benefit, the premium for the Prescription Drug Benefit for your child will be an additional \$55.00 per month.