

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



Administered by West End Administrators, Inc.
8814 Fargo Road · Suite 200 · Richmond, VA 23229
Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530

November 5, 2010

Re: Open Enrollment for Qualifying Children under the Age of 26

Dear Participant:

In accordance with the Patient Protection and Affordable Care Act (the Affordable Care Act), the Fund is offering Qualifying Children under the age of 26 access to health insurance benefits. The Affordable Care Act states the Fund must only consider a child's age and relationship to the Participant to determine if the child is qualifying and therefore an eligible dependent.

If your child(ren) is currently covered by the Fund, you do not need to complete the enclosed form. If your child(ren) previously terminated because they did not meet the guidelines of The Working Families Tax Relief Act (WFTRA), turned age 19, and/or were no longer a full time student, a Qualifying Child Enrollment Form must be completed to request reinstatement.

Please note, if your child(ren) participate(s) in or has/have been offered group health coverage through his or her employer, he or she is not eligible for coverage through the Fund even if group health coverage was not elected.

Please refer to the information below for documentation requirements to add Qualifying Children beginning January 1, 2011. A Qualifying Child Enrollment Form is enclosed and must be returned to the Fund Office, along with the documentation listed in the chart below. The documentation is not required if it is already on file. If you would like to add more than one Qualifying Child, please either copy the enclosed form or print additional forms at www.tjc83funds.org.

To Add:	Documentation required:
a qualifying child born to you	qualifying child's birth certificate identifying you as the parent or legal paternity documentation
an adopted qualifying child	qualifying child's birth certificate & adoption papers
a qualifying stepchild	qualifying child's birth certificate & your marriage certificate
a qualifying child for which you have legal custody	qualifying child's birth certificate, a copy of custody papers and a statement that neither parent lives with you

Please read the enclosed documents carefully. Do not hesitate to call the Fund Office at the phone number listed above with any questions you may have.

Sincerely,

Teamsters Joint Council No. 83 of Virginia Health and Welfare Fund

Notice of Grandfathered Status

This group health plan believes 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 your plan 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.

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 plan administrator, Michael McCall, CEBS at (804)282-3131 or toll free at 800-852-0806. 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. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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QUALIFYING CHILD ENROLLMENT FORM

Section 1 – Qualifying Child’s Information

Qualifying Child’s Name _____ SSN _____

Qualifying Child’s Address _____

Qualifying Child’s Phone No. _____ Male Female

Is the Qualifying Child employed? Yes No

Qualifying Child’s Employer’s Name _____

Qualifying Child’s Employer’s Address and Phone Number _____

Teamsters Participant’s Name _____ SSN/UID _____

Teamsters Participant’s Signature _____ Date _____

Section 2 – Documentation Requirements

Please note: If you were previously covered and the documentation listed below has already been received by the Fund Office, you are not required to resubmit it. All new dependents must submit the following:

To Add:	Documentation required:
a qualifying child born to you	qualifying child’s birth certificate identifying you as the parent or legal paternity documentation
an adopted qualifying child	qualifying child’s birth certificate & adoption documentation
a qualifying stepchild	qualifying child’s birth certificate & your marriage certificate
a qualifying child for which you have legal custody	qualifying child’s birth certificate, a copy of custody papers and a statement that neither parent lives with you