

UPPER PENINSULA PLUMBERS' & PIPEFITTERS' FRINGE BENEFIT FUNDS

UP Plumbers' & Pipefitters' Health & Welfare Fund
UP Plumbers' & Pipefitters' Pension Fund
UP Plumbers' & Pipefitters' Defined Contribution Plan
UP Plumbers' & Pipefitters' Educational Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

UP PLUMBERS' & PIPEFITTERS' HEALTH & WELFARE FUND FREQUENTLY ASKED QUESTIONS

How are my benefits Funded?

The primary source of financing for the benefits provided under the Health & Welfare Fund and for the expenses of Fund operations is employer contributions.

What are the Fund's eligibility requirements?

Initial eligibility requires 480 hours of contributions within six (6) consecutive months or less, skip one month for bookkeeping, eligible the following three (3) months

-or-

100 hours in one (1) month, eligible next two (2) months (Effective with 9/95 work month)

Continuing Eligibility requires one of the following:

Quarterly: 360 hours within three (3) consecutive months, skip one bookkeeping month, eligible following three (3) months.

Single: 160 hours in one (1) month, skip one bookkeeping month, eligible the following month.

Annual: Effective with January 1996 eligibility, 1200 hours in 12 consecutive months, skip one bookkeeping month (not eligible in bookkeeping month), eligible for next month. The maximum number of eligibility months that can be accumulated is three (3) months.

5 Week Rule: If participation has 160 hours within five (5) consecutive weeks, he may be eligible the first day of the following month.

What do I do if my employer does not remit my fringes?

First, call your employer. There may be a very good reason that the fringes have not been remitted. If your employer cannot explain the reason to your satisfaction, you should contact the Local Union.

How can I add my dependents to the Plan?

Complete a "Membership and Record Change Form" and submit copies of marriage or birth certificates.

What do I do when I get divorced?

You must send a copy of your complete divorce decree otherwise coverage will be maintained for your ex-spouse. If the Fund pays for benefits that should not be paid because your spouse no longer meets the definition of a dependent, you will be held responsible. Divorce Decree should be remitted within 30 days.

When does coverage stop for my dependent children?

Dependent children are covered through the end of the year in which they turn 19 unless they meet the requirements for maintaining coverage.

The Health Care and Education Affordability Reconciliation Act of 2010 requires the Fund to extend Adult coverage up to age 26 effective June 1, 2011. Therefore, if you are Eligible for benefits and you have a child that was previously covered in the Plan, and Their coverage was terminated; you should complete a “Request for Extension of Dependent Coverage” and return it to the Fund Office. Coverage may continue until the last day of the month in which that adult child turns 26 years old or earlier if you do not maintain your eligibility under the Plan. This requires annual verification.

Can I continue coverage when I retire?

Yes, provided you meet the retiree requirements for maintaining coverage.

What do I do if I am injured and cannot work?

The Fund provides disability credit which may continue your coverage for health care benefits. A Disability Form completed by you and your physician is required.

What are the self-payment rates?

Single Active Member -----	\$337.93
Active Member 2-Person Coverage-----	\$760.39
Active Member-Family Coverage -----	\$912.45

What is COBRA?

COBRA is the Consolidate Omnibus Budget Reconciliation Act of 1986. COBRA requires that the Fund provide coverage for participants and their dependents that may not otherwise be offered. COBRA is available for dependents who no longer meet the definition of a dependent as defined by the Plan. The rates are:

Participant & Dependent (without Dental) -----	\$1,073.47
Participant & Dependent (with Dental) -----	\$1,105.66