

trust fund office  
**local union 831**  
employer health trust fund  
employer pension plan

March 10, 2017

NOTIFICATION OF THE TWELVE (12) MONTH ROLLING ENROLLMENT PERIOD

To: All Participants in the Local 831 Employer Health Fund

From: Local 831 Employer Health Fund

The Board of Trustees has made the annual open enrollment easier to use. Instead of allowing open enrollment only one time at the end of each calendar year, the Board has adopted the twelve (12) month rolling enrollment. This will be effective April 1, 2017. Therefore, you will not be receiving an open enrollment packet at the end of 2017 for you to make plan changes effective January 1, 2018. You will still receive the required notifications by the Affordable Health Care Act at the end of the year.

Under the twelve (12) month rolling enrollment, once you have chosen your medical/dental plan, you may change your medical/dental plan once every rolling twelve (12) month period from the date of your last change, provided you have participated in the same medical or dental plan for at least twelve (12) months. An exception to this twelve (12) month rule will be made if you have moved out of the service area of the medical/dental plan, which you have previously chosen. The change will be effective on the first of the month following your election.

When a member establishes eligibility, the member will be enrolled in the default Medical Plan, which is the Indemnity Plan Level 4. If the eligible member does not want to remain in the Indemnity Plan Level 4, **an enrollment form must be submitted within 90 days** after establishing eligibility. Once the individual selects the desired Medical Plan and the plan level they are bound for the next 12 months. The Member has the option of lowering the Plan Level during the year as many times as needed. However, the member can only select a higher Plan Level after being enrolled in their initial or current Plan Level for at least 12 consecutive months. An Enrollment Form must be submitted selecting the new Plan Level before the new eligibility month. The Plan Level change will not be done automatically. If the member does not have sufficient credits to remain eligible at the Plan Level selected, the member will lose coverage. The Plan Level Change will not be granted if requested after coverage is terminated.

So suppose you enroll in a plan on January 1, 2017. Fifteen months later, on April 1, 2018, you want to change plans. You no longer have to wait until the end-of-the-year open enrollment period. Now, because you've been enrolled in the same plan for more than 12 consecutive months, you can file a new Enrollment form to have your plan changed as of May 1, 2018.

If you are already enrolled in the Fund and you do not want to make any changes to your current coverage, and if the information on your Health Enrollment Form currently on file with the Trust Fund Office is accurate, you do not need to submit an Enrollment/Change Form.

If you want to enroll in the Fund or make any changes and you have been enrolled in the current Plan for at least twelve (12) consecutive months (such as switching between the Indemnity Plan and the Kaiser Plan or adding/removing dependents), you need to submit an Enrollment/Change Form to the Trust Fund Office. You can contact the Trust Fund Office at 626.279.3080 or 1.877.572.7005 and request an enrollment form to be mailed to you.

If you have any questions please call the Trust Fund Office at 626.279.3080 or 1.877.572.7005.