

**BEER INDUSTRY-
LOCAL UNION NO. 703 HEALTH AND WELFARE FUND**
18660 Graphic Drive, Suite 202, Tinley Park, Illinois 60477
T708-429-0046 ** F708-429-0047

Dear Plan Participant:

The Trustees of Beer Industry – Local Union No. 703 Health and Welfare Plan (Welfare Plan) are happy to provide you with the Summary Plan Description (SPD) which contains healthcare coverage options for you and your eligible dependents. Eligible participants and dependents have the opportunity to receive a variety of healthcare coverage such as major medical, dental, vision and prescription drug services based on the Plan and an individual's participation.

This mailing contains the latest printing of the SPD. In the back pocket of the SPD are various documents describing Plan benefits including an envelope which provides you with additional benefit cards for diagnostic, dental and vision services. The envelope also contains a PARTICIPANT ONLY Welfare Fund beneficiary card. We encourage you to complete and return this card to the Fund Office so we can update our files regarding your choice of beneficiary. Your beneficiary card is for WELFARE FUND purposes only and is not used to determine possible beneficiaries under any other Fund as Plan terms apply in such instances.

Please take the opportunity to review the materials to better understand the benefits available to you as a participant in the Beer Industry – Local Union No. 703 Health and Welfare Plan. Feel free to contact the Fund Office at 708-429-0046 if you have any questions regarding these materials or your healthcare coverage.

BE ADVISED:

Beer Industry – Local Union No. 703 Health and Welfare Plan is a Grandfathered Plan.

The Plan's "Grandfathered" Status

The Trustees of the Beer Industry — Local Union No. 703 Health and Welfare Fund have determined that the Plan 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 the Affordable Care Act was enacted. Being a grandfathered health plan means that the 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 Fund Office at 708-429-0046. 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.

Board of Trustees
Beer Industry – Local Union No. 703
Health and Welfare Fund

**BEER INDUSTRY-
LOCAL UNION NO. 703 HEALTH AND WELFARE FUND
18660 Graphic Drive, Suite 202, Tinley Park, Illinois 60477
T708-429-0046 ** F708-429-0047**

Dear Plan Participant:

**IF YOU GET A LETTER ABOUT YOUR COVERAGE,
PLEASE CALL THE FUND OFFICE IMMEDIATELY**

Your participation in the Beer Industry – Local Union No. 703 Health and Welfare Plan is provided based on Plan terms, which require monthly payments from both you and your employer. From time to time you may receive letters from the Welfare Fund Office with important information about benefit changes. Or, a letter may be to ask you to call the Fund Office because **your healthcare coverage has been or will be cancelled.**

The Trustees of Beer Industry – Local Union No. 703 Health and Welfare Plan would like to express to you the IMPORTANCE of contacting the Welfare Fund office FIRST should you receive any letter asking you to call regarding your healthcare coverage.

The paragraph below is an example of how quickly your coverage can change if you fail to contact the Fund Office when requested.

**On August 1, Jim receives a letter from Beer Industry Fund Office stating that there has been no payment for his healthcare coverage for a month or two and that payment is due within ten days or insurance benefits will be cancelled. The letter states that Jim should call the Fund Office immediately.*

**On August 5, Jim contacts his employer's payroll / human resources department and is informed that payment has been made; and they believe he is insured.*

**On September 1, Jim is notified in a letter from the Fund Office that his coverage is terminated for non-payment and that his next opportunity to elect coverage will be at annual open enrollment in the following calendar year.*

**Jim calls the Fund Office asking why his coverage was terminated.*

This could happen for many reasons. Jim may have been on leave and his Employer may have not taken his full payroll deduction, making Jim's portion delinquent. Or the Fund Office might have never received Jim's Enrollment information and therefore no record of the Employee electing healthcare coverage was received. In either case, If Jim had contacted the Fund Office as requested, coverage interruption could have been avoided.

Healthcare coverage is important and failure to be covered is reportable under regulations.

Please take the time to read the letters we send you regarding your coverage.

And PLEASE CALL THE FUND OFFICE FIRST when receiving letters regarding your healthcare coverage.

Beer Industry –
Local Union No. 703
Health and Welfare Fund

**BEER INDUSTRY-
LOCAL UNION NO. 703 HEALTH & WELFARE & PENSION FUND
18660 Graphic Drive, Suite 202, Tinley Park, Illinois 60477
T708-429-0046 ** F708-429-0047**

NOTICE OF REQUIRED DOCUMENTATION

Welcome to the Beer Industry – Local Union No. 703 Health & Welfare Fund. The enclosed literature describes the benefits available to you.

In order to insure your family, we must have the following information if applicable:

1. *Original Marriage Certificate, from the State, with the registered number on it.
2. *Original Birth Certificate(s) for all your dependent children, from the State, with the registered number on it.
3. Original Divorce Documents, for dependent child (ren), or step-child (ren), QMSCO, or Court Order. First page (pages indicating who has custody and health coverage liability) and last page (signed by the judge, with date stamp).
4. If you are providing coverage for dependent(s), please provide other legal parent's date of birth for our records. Other Parent's Insurance Verification (must be completed by other parent's employer).
5. If your spouse is employed, we will need a letter from his/her employer stating whether or not they have Medical and/or Dental Insurance available. Verification of Spouse's Insurance (must be completed by spouse's employer).
6. Social Security numbers for each family member you would like covered under our Plan.
7. Annual Claim Form.
8. Adult Child Insurance Verification (must be completed by adult child, age 19 & over; if an adult child is employed, by their employer).
9. Step-Child Affidavit (must be notarized).

*Original Certificates will be returned by Certified Mail/Return Receipt to the last address in file.

If you have any questions, please feel free to contact the Fund Office at the above number. Our office hours are 8a.m. to 4p.m. Monday through Friday.

Sincerely,

Beer Industry – Local Union No. 703
Health and Welfare Fund Office