



Your Future — Our Focus

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

- 1. Review the List of Dependent Definitions and Required Documents** to determine if your dependent meets the definition of a dependent child. 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 Retirement Benefits Department.
- 2. Complete the Enrollment Form in its entirety.** Print clearly in blue or black 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 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 retired carpenter must sign and date the form.** The form is not valid without a signature.
- 4. By March 15, 2018 (postmark date) submit the completed Enrollment Form and all required documents necessary for enrollment to:**

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

Please consider the following:

- Coverage for an adult dependent child is contingent upon your eligibility as well the child meeting the conditions for benefit coverage.
- Your child can only be enrolled in the same type of coverage in which you are enrolled. For example, if you are only enrolled in the Prescription Drug Benefit, then that is the only benefit in which you can enroll your dependent child.
- If you do not enroll your adult dependent child at this time, late enrollment will only be considered during next year's open enrollment period or in circumstances where the adult dependent child has been continuously covered by another Health Plan. Proof of the other coverage is required.

Carefully review your coverage options and the Plan provisions before completing the enrollment form. The Summary Plan Description ("SPD") is available on the Fund's website at www.crccbenefits.org. On the home page, select "Benefit Info – Retiree." You will find a link to the SPD under the Eligibility & Enrollment tab. A SPD will automatically be mailed to you once the enrollment is processed. You may also contact the Retirement Benefits Department to request a hardcopy of the SPD.



Your Future — Our Focus

CHICAGO REGIONAL COUNCIL OF CARPENTERS WELFARE FUND

ACTIVE & RETIREE PLAN OF BENEFITS

DEFINITIONS AND REQUIRED DOCUMENTS

Note: All original documents submitted to the Fund Office will be returned to you via Delivery Confirmation through the U.S. Post Office.

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENTS
Spouse	Your lawful spouse (if not legally separated)	<p>Marriage Certificate (original county certified).</p> <p>Note:</p> <ul style="list-style-type: none"> Only an original county certified marriage certificate will be accepted. Other certificates, such as a certified domestic partner certificate, a civil union certificate, or a church marriage document are not acceptable.
Child younger than age 26	<p>A biological or legally adopted child placed before the age of 18, whether married or unmarried.</p> <p>Note: Legally adopted children are eligible for benefits when they are placed for adoption. A child is placed for adoption with you on the date you first become legally obligated to provide full or partial support of the child you plan to adopt.</p>	<ul style="list-style-type: none"> Birth Certificate (original county certified) listing the carpenter as a parent, OR Original Foreign Birth Certificate from country of birth, OR Original Court ordered Placement for Adoption, OR Original Final Adoption Order signed by a judge, OR Original International adoption papers from country of birth, OR Amended birth certificate (original county certified) listing the carpenter as a parent, OR Qualified Medical Child Support Order (QMSCO) or National Support Notice issue by the State child support agency medical benefit coverage generally applies only through age 18 (where applicable).
Stepchild younger than age 26	<p>A 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 parents and that neither of the biological/adoptive parents are obligated to provide health coverage.</p>	<ul style="list-style-type: none"> Birth Certificate of stepchild (original 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 (original county certified), if parent is deceased, OR Notarized letter from the parent stating that the stepchild's parents were never married.

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENTS
<p>Disabled child age 26 and older</p>	<p>An unmarried biological or legally adopted child placed before the age of 18, 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 not capable of self-support because of a physical or mental impairment.</p>	<ul style="list-style-type: none"> • Birth Certificate (original county certified) listing the carpenter as a parent, OR • Original Foreign Birth Certificate from country of birth, OR • Original Court ordered Placement for Adoption, OR • Original Final Adoption Order signed by a judge, OR • Original International adoption papers from country of birth, OR • Amended birth certificate (original county certified) listing the carpenter as a parent; AND • A completed Participant Statement for Continuation of Coverage for a Physically or Mentally Disabled Dependent form, <p>AND one of the following documents:</p> <ul style="list-style-type: none"> • A completed Attending Physician’s Statement for Continuation of Coverage for a Physically or Mentally Disabled Dependent form certifying total and permanent disability OR • Notice of Determination/Award of Disability from the Social Security Administration; OR • Medicare Identification Card for dependent.
<p>Disabled stepchild age 26 and older</p>	<p>An unmarried stepchild with a physical or mental impairment provided that:</p> <ul style="list-style-type: none"> • The disability is permanent; • The disability began before the stepchild reached age 19 and while the stepchild 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 the stepchild and the stepchild must reside with the Participant for more than one-half of the Calendar Year. <p>Note:</p> <ul style="list-style-type: none"> • A stepchild is considered disabled if he is not capable of self-support because of a physical or mental impairment. • Primary coverage for a stepchild is provided only in the event no other group health coverage is available through the biological/adoptive parents and that no other individual is obligated to provide health coverage. 	<ul style="list-style-type: none"> • Birth Certificate(original county certified), AND • Stepchild Dependent Affidavit, AND • A completed Participant Statement for Continuation of Coverage for a Physically or Mentally Disabled Dependent form, <p>AND one of the following documents:</p> <ul style="list-style-type: none"> • A completed Attending Physician’s Statement for Continuation of Coverage for a Physically or Mentally Disabled Dependent form certifying total and permanent disability, OR • Notice of Determination of Disability from the Social Security Administration, OR • Medicare Identification Card for dependent <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 of the court) and all sections relating to medical insurance and custody, OR • Death certificate (original county certified), if parent is deceased, OR • Notarized letter from the parent covered under the Plan stating that the stepchild’s parents were never married.

RESOURCES TO OBTAIN DOCUMENTS:

Birth Certificates: www.idph.state.il.us/vitalrecords/index.htm

**If you have questions, please call the Health Benefits Department at 312-787-9455 - Telephone Option #3.
Retired Participants should call the Retirement Benefits Department at 312-787-9455, Telephone Option #4.**



FREQUENTLY ASKED QUESTIONS
Open Enrollment for Adult Dependent Children Age 19 to 26
Retiree Plan of Benefits – Coverage Effective Date April 1, 2018

Who can I enroll?

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

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.

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

Yes. Living with you or being financially dependent on you is not a requirement, unless the dependent is a step-child. *Full details for step-children are provided in the Definitions and Required Documents listing.*

Can I enroll my adult dependent child who has insurance through his/her employer?

Yes, your adult dependent child can be covered under this Plan and another plan. However, the coverage available through your dependent's employer is the primary carrier and the Fund will pay second. If your dependent is eligible for Medicare, this Plan will pay secondary to Medicare.

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

Your child may only participant in the same type of coverage that in which you are enrolled. For example, if you are only enrolled in the Prescription Drug Benefit, then that is the only benefit in which you can enroll your adult dependent child.

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

A fully completed and signed Enrollment Form and an original county certified birth certificate which lists the participant (carpenter) as one of the biological parents. *Additional documents are required for adopted and step children. Full details are provided in the Definitions and Required Documents listing.*

Does the Fund require original documentation for enrollment?

Yes. Original documents are required. However, after the Retirement Benefits Department images the documents, they will be returned to you via traceable mail through the U.S. Post Office.

How do I submit the required documents?

You may either hand-deliver or mail original documents to the Fund Office at: Chicago Regional Council of Carpenters Welfare Fund, Attn: Retirement Benefits Department, 12 East Erie Street, 8th Floor, Chicago, IL 60611. The originals will be returned to you via traceable mail through the U.S. Post Office.

When must I submit the open enrollment form and the required documents?

The enrollment form and all of the required supporting documents must be submitted to the Retirement Benefits Department by March 15, 2018. There are no exceptions to this deadline.

When will coverage for my adult dependent child begin?

Coverage will begin on April 1, 2018.

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

Yes, the Retirement Benefits Department will send a confirmation to you after enrollment is complete.

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

Any one of the Retirement Benefit Representatives can answer your questions. Call the Retirement Benefits Department at 312-787-9455, telephone option 4, Monday through Friday, between 8:00 a.m. and 4:30 p.m.

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

Yes. The premium for coverage for your 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 Retirement Benefits Department will contact you regarding payment submission after all of the required enrollment materials are received.

What are the premiums for coverage?

If you did not retire on a disability pension, then the applicable Comprehensive Major Medical premium for your child is determined by the number of years of Vesting Credit that you earned as a working carpenter. All premiums may increase in the future. Effective January 1, 2011, premiums are as follows:

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 retired on a disability pension, the premium for the Comprehensive Major Medical for your child will be \$170.00 per month and the premium for the Prescription Drug Benefit for your child will be an additional \$55.00 per month.

DENTAL PLAN
(DELTA DENTAL OF ILLINOIS)

If an individual enrolls in dental coverage, has services, and then cancels coverage before being enrolled in dental coverage for at least one full year, the Trustees prohibit re-enrollment for a period of two years. All premiums may increase in the future. Effective April 1, 2018, premiums are as follows:

	Monthly Premium
One Individual Enrolled	\$ 44.53
Two Individuals Enrolled	\$ 86.42
Family (3 or more) Enrolled	\$153.33

VISION PLAN
(DELTA VISION OF ILLINOIS – EYEMED NETWORK)

If an individual enrolls in vision coverage, has services, and then cancels coverage before being enrolled in vision coverage for at least one full year, the Trustees prohibit re-enrollment for a period of two years. All premiums may increase in the future. Effective April 1, 2018, premiums are as follows:

	Monthly Premium
One Individual Enrolled	\$ 6.16
Two Individuals Enrolled	\$ 12.01
Family (3 or more) Enrolled	\$17.99



CHICAGO REGIONAL COUNCIL OF CARPENTERS WELFARE FUND

RETIREE PLAN OF BENEFITS

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

**2018 Open Enrollment Form -- Adult Dependent Children Age 19 to 26
(PAGE ONE OF TWO)**

Instructions: **Print Clearly in Ink.** This 2 page form is used to enroll an adult dependent that is not currently eligible under the Plan. A separate form must be completed for each adult dependent. If you require an additional form, one can be downloaded from our website at www.crcbenefits.org. The retired carpenter must complete this form in full, sign and date it. Both pages of the completed form and all of the required supporting documentation must be submitted to the Retirement Benefits Department.

Carefully review your coverage options and the Plan provisions before completing this form. The Summary Plan Description (“SPD”) is available on the Fund’s website at www.crcbenefits.org. On the home page, select “Benefit Info – Retiree.” You will find a link to the SPD under the Eligibility & Enrollment tab. A SPD will automatically be mailed to you once your dependent’s enrollment is processed. You may also contact the Retirement Benefits Department to request a hardcopy of the SPD.

Retired Participant’s Name:		Retired Participant’s SSN# or UID# (UID# is on BCBS I.D. Card)	
Retired Participant’s Street Address, City, State & Zip:			
Retired Participant’s E-Mail Address:		Retired Participant’s Home Phone Number:	Retired Participant’s Cellular Phone Number:
Dependent’s Name:		Dependent’s SSN:	Dependent’s Date of Birth:
Dependent’s Street Address, City, State & Zip:			
Is this Dependent employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide employer name and telephone number:	Does this Dependent have other insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide insurance information below:	Is this Dependent Covered By Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide Medicare ID number and copy of Medicare card.	
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: _____			

(TURN PAGE OVER)

Receipt of this form does not guaranty eligibility.

CHICAGO REGIONAL COUNCIL OF CARPENTERS WELFARE FUND RETIREE PLAN OF BENEFITS

12 East Erie Street, Chicago, IL 60611

7(312) 787-9455 – Option 4

2017 Open Enrollment Form -- Adult Dependent Children Age 19 to 26

(PAGE TWO OF TWO)

Coverage Election - Your Dependent Child can only be enrolled in the type of coverage in which you are enrolled.

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 elect to enroll my Dependent in the Comprehensive Medical or Hospital Only Benefit coverage
- My dependent is covered by another comprehensive medical benefit plan and elects to postpone coverage in the Welfare Fund's Comprehensive Medical Benefits coverage until coverage under the other plan ends.

Part B

Choose One

- I elect to enroll my Dependent in the Prescription Drug coverage
- I do NOT elect to enroll my Dependent in the Prescription Drug coverage
- My dependent is covered by another prescription drug plan and elects to postpone coverage in the Welfare Fund's Prescription Drug coverage under the other plan ends.

Part C

Choose One

- I elect to enroll my Dependent in the Dental coverage
- I do NOT elect to enroll my Dependent in the Dental coverage
- My Dependent is covered by another dental plan and elects to postpone enrollment in the Welfare Fund's Dental coverage until coverage under the other plan ends.

Part D

Choose One

- I elect to enroll my Dependent in the Vision coverage
- I do NOT elect to enroll my Dependent in the Vision coverage
- My Dependent is covered by another vision plan and elects to postpone enrollment in the Welfare Fund's Vision coverage until coverage under the other plan ends.

Part E

Choose One

- Biological Child Legally Adopted Child Stepchild

Please see the Definitions and Required Documents listing for instructions regarding the documents that must be submitted with this form.

Statement: I understand that enrolling my dependent child in my coverage 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 Retirement Benefits Department.

I hereby authorize either the Chicago Regional Council of Carpenters Pension Fund or the Chicago Regional Council of Carpenters Millmen Pension Fund or the Carpenters Pension Fund of Illinois or the Carpenters Local #496 Pension Fund (hereafter referred to as "Pension Fund") to deduct the appropriate premium(s) from my monthly pension benefit for the coverage under the Chicago Regional Council of Carpenters Welfare Fund Retiree Plan of Benefits ("Welfare Fund") that I have elected. I understand that premium rates may increase at any time. If premiums increase under the Welfare Fund, 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 information that I have furnished on this form is untrue or incomplete, 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 Participant: _____

Date: _____

Receipt of this form does not guaranty eligibility.