



MICHIGAN ELECTRICAL EMPLOYEES' HEALTH PLAN



IMPORTANT NOTICE

The Trustees have adopted special eligibility rules that will allow Health Plan coverage for you while you are working to earn regular eligibility under the Health Plan. These special rules apply to all MEEHP members.

Notification

- You must notify the Plan Office that you are a newly organized employee interested in the special eligibility rule by completing and timely returning the Notification form attached to this notice. A Participant Data form is also included in this packet for you to complete and return with the Notification form. Your check/money order in the amount of **\$400.00** must accompany these forms.
- You must be working for a participating employer to be eligible to start this special program.

Rules Governing Your Plan Coverage Under These Special Rules

The rules below apply if you want to take advantage of the offer to make special self-payments for coverage while you are working to earn eligibility under the regular eligibility rules:

- This offer will only be available if you begin working with a participating employer after joining a Local Union that maintains the Plan. You can make the special self-payments in this program for a maximum of two (2) consecutive months.
- The amount of self-payment for the initial month is currently **\$400.00** per month. (Includes dependent coverage)
- You **cannot** self-pay for coverage for the month in which you start work. For example, if you first begin Covered Employment in August, you can self-pay for September coverage, but not August coverage.
- **The \$400 self-payment will be applied to the “first month” and your employer hours for the month you start work will be considered for determining your eligibility for additional months of coverage. An employee must earn at least 135 hours in a single month to become eligible. If you work less than 135-hours in your first month, you can make a self-payment for the “second month” based on the difference between 135-hours of contributions and the actual hours of contributions made on your behalf.** Eligibility is based on the 135-hours rule (Example: 135 August hours give you eligibility on October 1).
- Your first self-payment **must be received in the Plan Office along with the initial notice form** on which you choose to take this coverage.
- If you earn less than 135-hours of contributions in the first month, the second self-payment **must be received by the Plan Office on or before the first day of the month** for which coverage is to be continued. For example, if you start work in January and earn 130-hours, you must make a self-payment equal to five (5) hours of contributions before March 1 to be entitled to coverage for March.
- If you do not accept the Plan Office’s offer by making the required special self-payment when the offer is first made, you cannot make the special self-payment at any future date. You will not be eligible for coverage under the Plan until you have met the regular initial Eligibility rules of the Plan, (i.e., earned at least 135-hours of contributory service in a month).
- Each special self-payment will provide Plan coverage for one month for **you or for you and your dependents**.
- You are allowed to remit the special self-payments for coverage under these special rules for **two (2) consecutive months**. Upon receipt of the initial Notification form, Participant Data form and payment, the Plan office will send you a letter with additional information and one coupon.
- If you timely make the initial \$400 payment but fail to make a special self-payment by the next month due date or earn at least 135-hours in your first month, coverage for you and your dependents will terminate at the end of the last for which you made an on-time special self-payment. In such a case, your only option for continuing Plan coverage is COBRA coverage.

Managed for the Trustees by: Wilson-McShane Corporation
3001 Metro Dr. Suite 500 • Bloomington, MN 55425
(855) 633-4584 • FAX (952) 854-1632
www.michiganelectrical.org



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Plan Coverage

- You will be covered for all of the Plan's benefits **except the Weekly Disability Benefits**. You will become eligible for Disability Benefits when you become eligible under the regular eligibility rules (135 hours worked in one month).
- DEFINITION OF "ENROLLMENT DATE" – Your (the employee's) enrollment date is the date your coverage under the Plan starts, or, if earlier, the first day of any waiting period for coverage. For most employees, your waiting period will commence on the first date of your covered enrollment. If you have dependents on your enrollment date, that date is also your dependents' enrollment date. If you acquire a dependent after your enrollment date, that individual's enrollment date is the date the individual became your dependent.

When You Become Eligible Under the Regular Initial Eligibility Rules

The purpose of these special rules is to provide coverage for you or for you and your family while you are working to earn regular eligibility under the Plan. The regular Eligibility rules are explained in your Summary Plan Description benefit booklet. **Once you become eligible for Plan coverage under the regular Initial Eligibility rules, the same Continuing Eligibility rules and all other eligibility rules will apply to you the same as for all other employees.**

If you have any questions about these special eligibility rules, contact the Plan Office. If you have any questions about the regular Initial and Continuing Eligibility rules, read the Eligibility section in your Summary Plan Description benefit book. If you still have questions after that, contact the Plan Office.

Summary of Material Modifications

EIN: 38-2106878

PN: 501 June 2008

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NOTIFICATION OF SPECIAL ELIGIBILITY

This letter serves as a notification to the Health Plan Office that the following individual has become a member at Local _____, I.B.E.W.

First	Middle	Last
Street Address		
City	State	Zip
Social Security Number		Phone Number
Social Security Number		Date of Birth

This new member has read and understands the eligibility rules governing his/her coverage under the Michigan Electrical Employees' Health Plan. A Participant Data form must be enclosed with this form before eligibility is granted as well as a check/money order in the amount of \$400.00.

_____ Initial Here	Yes, I want to participate in the Health Plan at a current cost of \$400.00 per month under the special eligibility rules. PAYMENT IS ENCLOSED. (Made payable to Michigan Electrical Employees' Health Plan.)
_____ Initial Here	No, I do not want to participate in the Health Plan under the special eligibility rules.

Member's Signature _____ Date _____

Local Union Representative's Signature _____ Date _____

Employee will be working for the following employer: _____

Date of Hire: _____ Coverage Start Date: _____

Return this form, Participant Data form, and check to: **Michigan Electrical Employees' Health Plan**
3001 Metro Dr. Suite 500
Bloomington, MN 55425