



# Los Angeles Machinist Benefit Trust

6801 EAST WASHINGTON BLVD. • CITY OF COMMERCE, CA 90040

## IMPORTANT NOTICE

**TO: ALL ELIGIBLE ACTIVE PLAN PARTICIPANTS**

**RE: EXTENSION OF HEALTH COVERAGE FOR CHILDREN THROUGH AGE 25**

**DATE: NOVEMBER, 2011**

A notice was mailed last year detailing some of the initial changes required by the Affordable Care Act, including the extension of health coverage for children through age 25. This is a follow up to that initial notice.

As you may know, the Affordable Care Act requires health plans to provide health coverage to children of eligible participants until they reach age 26. This extension of health coverage is available even if the child does not live with his or her parents, is not a dependent on a parent's tax return, or is no longer a student. **The law was made effective November 1, 2010 for the Trust.** The extension applies to both married and unmarried children, although a child's own spouse and children do not qualify for benefits. There is one exception to the new rule -- children age 19 (or older) are not eligible under the Plan if they are eligible to enroll in an employer-sponsored health plan offered through their employment.

Under the Affordable Care Act, children of Plan participants whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26, are eligible to enroll in the Plan. Individuals may request enrollment for such children for 30 days from the date of this notice.

### **Who is Eligible?**

Children under age 26 are eligible for coverage, unless an adult child is eligible for his or her own employer-sponsored coverage. You will no longer have to provide proof of student status.

### **Who is not Eligible?**

An adult child will not be eligible for coverage if he or she is eligible for employer-sponsored coverage, or if the child is age 26 or older -- unless he or she is incapable of self-sustaining employment by reason of mental retardation or physical handicap, per the Plan's rules.

### **What are the Benefits?**

Your children will be covered for the same benefits that other dependent children have. This will include hospital, medical, prescription drug, life, dental and vision. There are no pre-existing condition exclusions. Your dependent child will be covered regardless of any medical condition. All exclusions and limitations will apply to the dependent's coverage the same as any other dependent.

### **Do I have to pay for the Coverage?**

If the current collective bargaining agreement that covers you requires a payment for dependents, and your self-payment is based on the number of members or dependents in your family, you may have to pay more if the addition of the dependents increases the cost.

For instance, many premiums are based on one-party, 2-party or 3 or more. If you are already covering a spouse and 2 children, an additional child will not increase the premium. However, when premium rates change in the future, your self-payment may also change.

### **What if I have already paid COBRA premiums or other out-of-pocket expenses for my dependent? Can I get reimbursed?**

No. You cannot be reimbursed for any expenses incurred for the child before the child's eligibility begins and you cannot be reimbursed for COBRA premiums you have paid.

### **Will my child be eligible for COBRA again when he or she is no longer eligible?**

Yes. COBRA will be offered when coverage is lost because your child ceases to meet the Plan's definition of an eligible dependent.

### **How to I enroll my child?**

If you want to add a dependent not currently covered by the Plan (because he or she was not eligible for coverage, or because coverage ended or was denied), or you want to continue coverage for a child that is aging out of coverage or is currently on COBRA, please complete the enclosed special enrollment form and return it to the Administrative Office before December 1, 2011. Remember, you have to provide proof of dependency for any dependent under the plan. This may include a birth certificate for a dependent child. Coverage will begin for a properly enrolled dependent January 1, 2012. You only have 30 days to enroll new dependents!

Please contact the Administrative Office where the personnel will be happy to assist you.  
(800) 499-8121.

Board of Trustees



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## Special Enrollment Form for Children Ages 19 through 25

Participant Name:	Date of Birth:	Last 4 Digits of SS Number:
Street Address:		Local Union #
City, State, Zip		Phone #:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced

### List Below Eligible Children Ages 19 through 25

If the below listed child(ren) has (have) not been previously enrolled, you **must** also submit a copy of the birth certificate and social security card.

Last Name	First Name	MI	Social Security Number	Previously Enrolled?	Date of Birth	Relationship
Address, if different than the participant:						
Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," is group health coverage available to this person through his or her employment? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Last Name	First Name	MI	Social Security Number	Previously Enrolled?	Date of Birth	Relationship
Address, if different than the participant:						
Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," is group health coverage available to this person through his or her employment? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Last Name	First Name	MI	Social Security Number	Previously Enrolled?	Date of Birth	Relationship
Address, if different than the participant:						
Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," is group health coverage available to this person through his or her employment? <input type="checkbox"/> Yes <input type="checkbox"/> No						

I certify that the above listed children meet the rules of an eligible dependent, as modified by the Plan, and have included any necessary documentation. I acknowledge that it is my responsibility to notify the Plan of any changes in dependent status, such as if my child age 19 through 25 becomes eligible for employment-based health coverage.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



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## REQUIRED DOCUMENTS FOR ADDING NEW DEPENDENTS

**Children:  
(newborn to age 26)** CERTIFIED COPY of BIRTH CERTIFICATE and  
COPY of SOCIAL SECURITY CARD

For newborns, hospital certificates are acceptable for the first 60 days only. Failure to provide copies of the birth certificate and social security card within 90 days of birth may result in termination of child's eligibility.

**Children:  
(age 19 to 26)** CERTIFIED COPY of BIRTH CERTIFICATE and  
COPY of SOCIAL SECURITY CARD

Student status documentation is no longer necessary.

**Stepchildren:** CERTIFIED COPY of BIRTH CERTIFICATE

**Legal Guardian:** CERTIFIED COPY of COURT ORDER granting legal  
guardianship to member or spouse

**Married Couples:** CERTIFIED COPY of MARRIAGE CERTIFICATE and  
COPY of SPOUSE'S SOCIAL SECURITY CARD

Church Certificate is acceptable for the first 60 days after marriage only. Failure to provide copies of the marriage certificate and spouse's social security card within 90 days may result in termination of spouse's eligibility.

**Domestic Partners:**

CERTIFIED COPY of CERTIFICATE of  
REGISTRATION and COPY of DOMESTIC  
PARTNER'S SOCIAL SECURITY CARD

You must submit a copy of your certificate of registration of domestic partnership issued by the applicable department in your state of residence. If you are a California resident and need further information on how to register your domestic partner, please visit <http://www.sos.ca.gov/dpreistry/> or contact the California Secretary of State at (916) 653-3984.