

NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

935 Detroit Avenue, Suite 242A, Concord, CA 94518-2501 • Phone 925/356-8921 • Fax 925/356-8938

tfo@ncpttf.com • www.ncpttf.com



DECEMBER 2023

TO: ACTIVE AND RETIRED PARTICIPANTS

**RE: SUMMARY OF MATERIAL MODIFICATIONS TO THE
NORTHERN CALIFORNIA PIPE TRADES HEALTH AND WELFARE PLAN (“PLAN”)**

The Board of Trustees of your Health and Welfare Plan is pleased to provide you with the following summary of recent changes made to the Plan rules.

A. GENERAL – Plan Amendment

Your Responsibilities

ACTIVE AND RETIRED Participants

Article I., Section D.2. – Effective January 1, 2024

D. YOUR RESPONSIBILITIES

2. Enrollment/Change Form:

Full completion and return of the Enrollment/Change Form is mandatory for all Participants for enrollment changes, and upon request by the TFO. Remember to sign and date your Enrollment/Change Form before submitting it to the TFO. You are required to complete a new Enrollment/Change Form and submit required proof when you have a change in life circumstances (e.g., marriage, legal separation, divorce/dissolution, birth of child, a Dependent no longer residing with you, Dependent status changes, Medicare eligibility, NMSN, address etc.). Generally, any changes will be effective on the first day of the following month after your updated Enrollment/Change Form is received on or by no later than the 20th of the month. After submitting your Form, the TFO will send you a letter with your username and password for access to the ISITE link at www.ncpttf.com where you can view your eligibility, work history, contributions, and other important information. For additional clarification, please refer to Article VI.

B. ENROLLMENT/BENEFICIARY DESIGNATION – Plan Amendment

Enrollment Procedures

ACTIVE AND RETIRED Participants

Article VI., Section A – Effective January 1, 2024

A. ENROLLMENT PROCEDURES

You must complete and submit an Enrollment/Change Form to the TFO with sufficient documentation to establish the eligibility of any Dependent you list on the Form (such as a certified marriage certificate, certified birth certificate(s) which names the Natural Parents, and/or Court Adoption Order(s), etc.). Full completion and return of the Enrollment/Change Form is mandatory for all Participants to be enrolled in the Health and Welfare Plan or to make any type of enrollment, address, or informational change. In addition, an updated Enrollment/Change Form is required when requested by the TFO. Failure to complete and return the Enrollment/Change Form within 30 days of the request may affect your and/or your Dependents' eligibility and/or future benefits.

You are also required to complete a new Enrollment/Change Form when you have any changes in life circumstances (e.g., marriage, termination of Domestic Partnership, divorce/dissolution, legal separation, new Dependents, Dependent status changes, address changes, etc.).

C. ELIGIBLE DEPENDENTS – Plan Amendment

Lawful Spouse

ACTIVE AND RETIRED Participants

Article VII., Section B. – Effective January 1, 2024

B. LAWFUL SPOUSE

Effective January 1, 2024, an eligible Dependent includes the Participant’s Lawful Spouse who is not divorced or legally separated from the Participant except as provided below. If required (such as for Retirees), the Participant must timely remit the monthly premium payment to cover a Dependent Spouse.

A Spouse becomes eligible as of the date of marriage, provided that you have submitted an updated Enrollment/Change Form adding your Spouse along with a copy of your certified marriage certificate within 30 days of the date of marriage. If an updated Enrollment/Change Form and required documentation are not received within 30 days of the date of marriage, enrollment in the Health and Welfare Plan for your Spouse will not be effective until the first of the month following receipt of the required documentation.

California Law and this Plan do not recognize a Common Law Marriage; however, you and your partner may qualify as Domestic Partners. Please refer to Section C below for additional information regarding Domestic Partner eligibility and benefits.

A former Spouse (hereinafter referred to as “Ex-Spouse”) is NOT eligible for coverage as a Dependent under the Plan, and a Participant may not enroll an Ex- Spouse, even if they are legally required to maintain coverage. Your Ex-Spouse may, however, be eligible to continue medical, prescription drug, dental, and vision coverage under COBRA Continuation of Coverage if timely notice is provided to the Trust Fund Office within 60 days of your final divorce/dissolution or legal separation. If elected, a monthly COBRA premium payment is required.

IMPORTANT:

It is the obligation of the Participant and/or Ex-Spouse to notify the TFO **within 60 (sixty) days** of the date of dissolution/divorce or legal separation is **finalized**. If the TFO subsequently finds out that you maintained an ineligible Dependent under the Plan, you will be responsible for reimbursing the Plan for any overpayments made due to failing to notify the TFO of a Former Spouse. If the Participant and/or Ex-Spouse notify the TFO after 60 days, the overpayment period will be calculated beginning 60 days after the date of the final divorce/dissolution/legal separation until the TFO is notified and the Ex-Spouse will be terminated at the end of the month in which the notification is received.

The Plan considers the date of divorce/dissolution/legal separation to be the date on the final divorce/dissolution or legal separation decree and/or judgement.

D. COBRA CONTINUATION OF COVERAGE – Plan Amendment

Eligibility for COBRA Continuation of Coverage/ Your Obligation to Notify the TFO

ACTIVE AND RETIRED Participants

Article XL., Section A.4 and Section D. – Effective January 1, 2024

Please further note, effective January 1, 2024, the Plan will no longer offer 4 months of Separated Spouse Coverage. Instead, an Ex-Spouse will be offered COBRA Continuation Coverage due to a Qualifying Event (ex. Final Divorce/Dissolution or Legal Separation).

A. ELIGIBILITY FOR COBRA CONTINUATION OF COVERAGE

A federal law known as the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"), requires group health plans offer terminated Participants and their Dependents the opportunity to continue their plan health coverage that would otherwise be terminated in certain instances (called "Qualifying Events"). To receive this Continuation of Coverage, the Participant, Spouse, and/or Dependent(s) must make timely monthly payments.

When you no longer have sufficient hours in your RHB, your COBRA coverage will run concurrently with any Continuation of Coverage as described in Article X, Section A.

If you do not elect COBRA Continuation of Coverage, your Spouse and each of your eligible Dependents have a separate right to elect it and should review the COBRA Notice in full.

A Qualifying Event is any of the following:

1. The death of the Participant; or
2. The Participant's termination of employment (except for gross misconduct); or
3. A reduction in the Participant's hours; or
4. The divorce or legal separation (e.g., obtained final divorce decree/judgment showing dissolution/divorce/legal separation) of the Participant and their Spouse; or
5. A child no longer meets the definition of a Dependent; or
6. Participant becomes entitled to Medicare.

If you or your Dependent's Qualifying Event does not meet any of the scenarios above, you are not eligible for COBRA Continuation of Coverage pursuant to Federal law. Furthermore, to receive this COBRA coverage, a Participant and/or their eligible Dependents must: (1) timely notify the TFO of their Qualifying Event, (2) file a timely Election Form following the Qualifying Event and, (3) make monthly self-payments in an amount determined by the Board of Trustees.

D. YOUR OBLIGATION TO NOTIFY THE TFO

You or your eligible Dependents are required to notify the TFO if (1) you become divorced or legally separated, which requires 60 days notice after the date of the Qualifying Event (ex. final divorce/dissolution or legal separation) or (2) you or your Dependent enrolls in Medicare Part A or B, after electing COBRA Continuation of Coverage, or (3) if there are any other changes in life circumstances that may affect your or a Dependent's eligibility for Plan benefits.

IN ACCORDANCE WITH THE REQUIREMENTS OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED ("ERISA"), THIS DOCUMENT SERVES AS A SUMMARY OF MATERIAL MODIFICATIONS ("SMM") THAT AND SUPPLEMENTS THE RESTATED SUMMARY PLAN DESCRIPTION (WHICH IS ALSO THE PLAN DOCUMENT) (ALSO KNOWN COLLECTIVELY AS THE PLAN RULES) THAT HAS BEEN SEPARATELY PROVIDED TO YOU. YOU SHOULD RETAIN THIS DOCUMENT WITH YOUR COPY OF THE RESTATED SUMMARY PLAN DESCRIPTION. IF YOU DO NOT HAVE A COPY OF THE PLAN RULES, YOU CAN REQUEST A COPY WITH ITS RECENT AMENDMENTS FROM THE TRUST FUND OFFICE.

If you have any questions, please contact the Trust Fund Office at 925/356-8921, ext. 246.

Respectfully submitted,

Fund Manager
On Behalf of the Board of Trustees