

# Locals 302 and 612 of the International Union of Operating Engineers Trust Funds

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Administered by  
Welfare & Pension Administration Service, Inc.

September 15, 2016

## IMPORTANT HEALTH PLAN INFORMATION ACTION REQUIRED BY NOVEMBER 15, 2016

**TO: All Active and COBRA Eligible Participants –  
Locals 302 and 612 of the International Union of Operating Engineers  
Construction Industry Health and Security Fund**

**RE: Dependent Eligibility and Verification Audit**

As you were previously notified, the Board of Trustees of the Locals 302 and 612 of the International Union of Operating Engineers Construction Industry Health and Security Plan (“Plan”) asked the Administration Office to verify that enrolled dependents meet the Plan’s definition of an eligible dependent. In order for your dependent(s) to continue to receive benefits from the Plan, **you must complete the enclosed form and return it with supporting documentation as proof of their eligibility by November 15, 2016.**

You are required to provide documentation verifying your dependents’ eligibility and their relationship to you, the subscriber. For a spouse, you must submit a marriage certificate. If you are no longer married to a spouse who is currently enrolled, you must also submit your divorce decree. For children, the acceptable forms of documentation include birth certificates, adoption decrees, legal guardianship orders, Qualified Medical Child Support Orders and/or parenting plans (if applicable). If your child is married, you must also include the child’s marriage certificate.

If you do not have the necessary documentation, you will need to obtain that information in order to properly complete the Plan’s verification request. For example, you may need to contact your county vital records department to obtain a birth certificate or marriage certificate, or you may need to contact the county courthouse for adoption or custodial orders for dependent children.

Enclosed is a prepopulated Information Verification Form that lists your currently enrolled dependents. On the reverse side of the form is a detailed list of instructions to complete the form.

If you do not complete the Information Verification Form and provide the documentation necessary to verify dependent eligibility, health claims for unverified dependents will be denied commencing **January 1, 2017.**

Should you have any questions, please contact the Administration Office via e-mail at [IUOEaudit@wpas-inc.com](mailto:IUOEaudit@wpas-inc.com) or by phone at 1 (877) 441-1212 option 4.

Thank you for your cooperation with this important effort to control healthcare plan costs.

Sincerely,

**Board of Trustees  
Locals 302 and 612 I.U.O.E. Construction Industry Health and Security Fund**

# Locals 302 and 612 of the I.U.O.E. Construction Industry Health and Security Fund INFORMATION VERIFICATION FORM

Member Name, Address and ID Number

- 1) Read the reverse side of this form for complete instructions.
- 2) Carefully review the pre-populated information below.
- 3) Complete the Other Insurance section; attach a separate sheet of paper if more room is needed to list additional insurance information.
- 4) Sign and date the form.
- 5) Attach supporting documentation (such as marriage and birth certificates) for all listed dependents.

**IMPORTANT:** Please carefully review the prepopulated information below. If corrections are needed, use black or blue ink, line out the incorrect data and clearly print updated information to the right. If a spouse is listed who is no longer your spouse, you must submit a copy of your divorce decree.

## EMPLOYEE INFORMATION

Last Name, First Name, MI	Social Security Number	Date of Birth	M / F
Mailing Address	City	State	Zip Code
Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone Number: _____		E-mail Address: _____	

**DEPENDENT INFORMATION** The Plan requires documentation for all dependents: Spouse – marriage certificate; child(ren) – birth certificate, legal guardianship, court order, and/or if adult child is married, a marriage certificate. Relationship to Subscriber Codes: S = Spouse; C = Natural Child/Step Child/Adopted Child/Legal Guardianship of Child.

Last Name, First Name, MI	M/F	Date of Birth	Social Security Number	Relationship to Subscriber	Other Coverage? Yes / No

## OTHER INSURANCE INFORMATION

1. Are you, or your spouse, or other dependents covered by any other group health insurance plan including Medicare?  Yes  No  
If “yes,” provide the information requested. If Medicare, copy of the Medicare ID card must be on file with the Administration Office.

Name of Subscriber with Other Coverage	Social Security Number	Policy or ID Number
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Name and Address of Other Insurance Group	City	State	Zip Code
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2. Other Insurance Covers:  Subscriber  Spouse  Children 3. Coverage Includes:  Medical  Dental  Vision

**I hereby certify that the above information is true, correct and complete to the best of my knowledge.**

Signature (must be signed by participating employee to be valid)	Date
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**Note:** Information supplied on this form will not affect your beneficiary designation. To update your beneficiary designation, complete a new Enrollment/Beneficiary Designation Form. Forms are available on the Trust website – [www.engineerstrust.com](http://www.engineerstrust.com).

**THIS FORM MUST BE RETURNED BY NOVEMBER 15, 2016**

**RETURN TO THE ADMINISTRATION OFFICE: P.O. BOX 34203 – SEATTLE, WA 98124-1203  
OR fax to: (206) 505-9727 – RETAIN A COPY FOR YOUR RECORDS**

# Locals 302 and 612 of the I.U.O.E. Construction Industry Health and Security Fund

## Information Verification Form Instructions

- Carefully review the pre-populated Information Verification Form on the reverse side and make sure the information for you and your dependents is correct. If corrections are needed, use black or blue ink to line out the incorrect data and clearly print updated information to the right. If a spouse is listed who is no longer your spouse, you must submit a copy of your divorce decree.
- The definition of eligible dependents is listed below.
- Please note it is extremely important that the Administration Office have complete information for your dependents, including gender, date of birth, social security number and relationship.
- Due to IRS reporting regulations, the Administration Office MUST have your dependents' social security numbers ("SSN") on file. If xxx-xx-xxxx appears in the social security number column it means the Administration Office has your dependent's SSN. If there is a blank space in that column you must write in your dependent's complete SSN.
- If you, or any of your dependents, have other group health coverage it is very important that you provide this information on the form. Attach a separate sheet of paper if more room is needed to list additional coverages.
- It is necessary to attach copies of your marriage certificate to verify your spouse's eligibility, and copies of birth certificates (or adoption/legal custody/court ordered documents) to verify your child(ren)'s eligibility. Please do not send original documents, a photocopy is sufficient. If the document is two-sided or has multiple pages, be sure to copy all pages and both sides of the paper.
- To avoid future claim denials, a properly completed Information Verification Form must be on file at the Administration Office for you and your dependents.
- Sign, date and return the Information Verification Form to the Administration Office **by November 15, 2016**.
- Keep a copy of this form and all supporting documentation for your records.
- Should you have questions regarding this process please e-mail the Trust at [IUOEaudit@wpas-inc.com](mailto:IUOEaudit@wpas-inc.com) or call 1 (877) 441-1212, option 4.
- Return the form and all necessary documents to the Administration Office in one of the following ways:
  - 1) Mail using the enclosed Administration Office return envelope.
  - 2) Fax to: (206) 505-9727

**It is important that you complete this form in its entirety, listing all eligible dependents (spouse and/or children) and provide documentation verifying their eligibility.**

**Note:** Information supplied on this form will not affect your beneficiary designation. To update your beneficiary designation, complete a new Enrollment/Beneficiary Designation Form. Forms are available on the Trust website at [www.engineerstrust.com](http://www.engineerstrust.com).

## DEFINITION OF ELIGIBLE DEPENDENT

Eligible dependents are your:

- Spouse (including your legally separated spouse)
- Son, daughter, stepchild, foster child, adopted child, child placed with you for adoption, who is under the age of 26 (regardless of whether the dependent child is married, a fulltime student, resides with the employee or retiree, or is financially dependent on the employee or retiree).
- Unmarried children who depend on the employee or retiree by virtue of a court order or for whom the employee or retiree has legal custody are considered eligible dependents up to the age of 19 (or up to age 24 if a full-time student)

**Note:** This plan will be secondary to a plan that covers a dependent as an active employee.