

HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL 47 FRINGE BENEFIT FUNDS

Heat & Frost Insulators and Allied Workers Local 47 Welfare Fund
Heat & Frost Insulators and Allied Workers Local 47 Retirement Trust Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL 47 COMMONLY ASKED QUESTIONS

How are my benefits Funded?

The primary source of financing for the benefits provided under the Welfare Fund and for the expenses of Fund operations is employer contributions.

What are the Fund's eligibility requirements?

Initial eligibility requires 520 hours of contributions within six (6) months or less. There is a one (1) month bookkeeping period in which you are not eligible.

Continuing eligibility requires 130 hours of employer contributions per month. There is a one (1) month bookkeeping period in which you are not eligible.

What do I do if my employer does not remit my fringes?

First, call your employer. There may be a very good reason that the fringes have not been remitted. If your employer cannot explain the reason to your satisfaction, you should contact the Local Union.

How can I add my dependents to the Plan?

Complete a "Yearly Coordination of Benefits and Dependent Status Statement Form" and submit copies of marriage or birth certificates.

What do I do when I get divorced?

You must send a copy of your complete divorce decree otherwise coverage will be maintained for your ex-spouse. If the Fund pays for benefits that should not be paid because your spouse no longer meets the definition of a dependent, you will be held responsible.

When does coverage stop for my dependent children?

The Health Care and Education Affordability Reconciliation Act of 2010 requires the Fund to extend Adult child coverage up to age 26 effective June 1, 2011. Therefore, if you are eligible for benefits and you have a child that was previously covered in the Plan, and their coverage was terminated, you should complete a "Request for Extension of Dependent Coverage" and return it to the Fund Office. Coverage may continue until the last day of the month in which that adult child turns 26 years old or earlier if you do not maintain your eligibility under the Plan. This requires annual verification.

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Can I continue coverage when I retire?

Yes, provided you meet the retiree requirements for maintaining coverage.

What do I do if I am injured and cannot work?

The Fund provides disability credit which may continue our coverage for health care benefits. You should complete a disability form.

What is COBRA?

COBRA is the Consolidate Omnibus Budget Reconciliation Act of 1986. COBRA requires that the Fund provide coverage for participants and their dependents that may not otherwise be offered. COBRA is available for dependents who no longer meet the definition of a dependent as defined by the Plan. The rates are:

Single (no dental & vision)	\$356.95
Single (with dental & vision)	\$391.64
Couple (no dental & vision)	\$803.12
Couple (with dental & vision)	\$881.20
Family (no dental & vision)	\$963.76
Family (with dental & vision)	\$1,057.44

What is the Coordination of Benefits?

Coordination of Benefits or COB coordinates benefits with other health benefits you may have such as coverage through your spouses' employer.

How frequently are dental cleanings covered?

Dental cleanings or Prophylaxis is covered once every six (6) months.

What is the dental benefit maximum?

The dental benefit maximum is \$1,500 per person, per calendar year.

What is the orthodontic benefit maximum?

The annual orthodontic benefit maximum is \$1,500 per participant.
The lifetime orthodontic benefit maximum is \$3,000 per participant.