

NORTHERN NEW ENGLAND BENEFIT TRUST

MONTHLY ELIGIBILITY

WELCOME



ENROLLMENT AND MONTHLY ELIGIBILITY

Your eligibility for benefits under the Plan depends on the contributions that the Trust receives on your behalf. A member will be eligible for benefits when the member's employer makes the required contributions for one month.

A member's eligibility for benefits will begin on the first day of the month for which the employer makes the required contribution on the member's behalf. A member's coverage will continue for each month for which the employer makes the required contribution. *(For example: If an employer makes the required contribution for the month of February, the coverage month will begin on February 1.)*

If the member's employer does not make the required contribution to the Trust on the member's behalf for a particular month, the member's coverage will end at midnight on the last day of the month for which the required contribution was made. *(For example: If the member's employer does not remit the required contribution for the month of February, the member's coverage will cease at midnight on January 31.)*

Enrollment

Members who meet the eligibility requirement and enroll in the Plan by submitting a completed enrollment application to the Trust within 30 days of becoming eligible will have coverage retroactive to the first day of eligibility.

Members who enroll dependents must select the same coverage for all benefits, *e.g. a member cannot elect "single" or "employee only" for medical benefits and "family" for dental or vision benefits.*

Open Enrollment Period

The annual open enrollment is an employee's opportunity to select coverage under the Trust as well as a member's opportunity to make changes to who is covered under the Plan. Open enrollment occurs once each year; please refer to your company's Summary Plan Description for the month of occurrence. Under IRS rules, the open enrollment is the only time a member may make changes to who is covered, unless a "Qualifying Event" occurs.

Qualifying Family Status Change

The IRS has identified certain events that will trigger a member's right to make changes to who is covered under the Plan outside the open enrollment period; provided however, that the member changes the coverage within thirty (30) days of the event.

Qualifying Events – 30 days to change your coverage:

1.	Change in legal marital status , including marriage, death of a spouse, divorce, legal separation and annulment.
2.	A change in the number of dependents , including birth, death, adoption and placement for adoption.
3.	A change in employment status of the member's dependent spouse and/or adult dependent, including termination or commencement of employment, a strike or lockout, a commencement of or return from an unpaid leave of absence, a change in work site, or a change in employment status which results in a change in benefits s/he receives or is eligible to receive.
4.	A change in the employment status of the member's adult dependent child that results in loss of access to employment-based group insurance.
5.	A dependent's loss of eligible status .
6.	A change in the place of a dependent's residence making the current Plan unavailable.
7.	Open enrollment under the plan available through the dependent spouse's employer .
8.	Judgments , decrees or orders.
9.	Significant cost or coverage changes under the member's Plan.
10.	Entitlement to Medicare or Medicaid .

Coverage changes made as a result of a qualifying event must relate directly to the event, *e.g. a newborn may be added at the time of birth, but another dependent's coverage may not be changed at that time.*

Member Contributions

Changes in coverage provided to a member's dependents may affect the amount of the member's contribution toward the monthly premium cost. **It is the member's responsibility to notify his/her employer of the change in coverage.**

Dependent Eligibility

Eligible Spouse

The member may enroll an “eligible spouse” for coverage under the Plan. An “eligible spouse” is the lawful spouse of a member, including a legally separated spouse.

Adding a spouse: If the Trust is notified within 30 days of the marriage, coverage for the spouse under the Plan will be effective retroactive to the date of the marriage, provided that the required contribution is made for the retroactive period. ***If the 30-day window of notification is missed, the spouse may only be added during the group’s open enrollment period.***

If applicable, you must provide a copy of the divorce decree from the spouse’s previous marriage as it pertains to health and welfare benefits. *For example: if a former spouse is required to provide benefits for children from a previous marriage, the Trust must make a determination as to which policy is primary.* You may also be required to complete and submit a Coordination of Benefits questionnaire.

Adding a newborn child: Coverage of a newborn child may be retroactive to the child's date of birth; provided that the member notifies the Trust within 30 days of the birth and provided further that the required contribution is made for the retroactive period. *A birth certificate or official document that lists both parents must be submitted, along with the enrollment form.* ***If the 30-day window of notification is missed, the newborn child may only be added during the group’s open enrollment period.***

Eligible Children

- For purposes of the plan, an eligible dependent includes the child of a member who is under the age of 26; provided however, that **an adult child between the ages of 19 and 26 is not an eligible dependent if the plan is a grandfathered plan and the adult child is eligible to enroll in an employer-sponsored health plan.** [Questions concerning whether the plan is grandfathered should be directed to NNEBT at 1-800-258-9732.] A child who attains the age of 26 shall retain his/her dependent status until the end of the calendar month in which s/he attained age 26. **An adult dependent child may be married; however the spouse and any children of the adult dependent are not eligible.**
- “Child” as used above includes the member’s own biological child, a child that has been placed for adoption with the member, a child for whom the member has been appointed as legal guardian with custody or a step child; provided however, that step children will not continue to be eligible dependents after a divorce.
- For purposes of the plan, an eligible dependent also includes a member’s unmarried child over the age of 25 who, prior to attaining age 26, is an eligible dependent and is incapable of independent financial self-support because of a mental or permanent physical disability; who is dependent on the covered member for support and maintenance; and who is not covered by any other plan; provided however, that the member submits to NNEBT adequate proof of handicapped status prior to the end of the calendar month in which the handicapped child attains the age of 26.

DIVORCE

In the event of divorce of a covered NNEBT member, the member must notify the Trust of the divorce within 30 days of the divorce and, at the same time, provide the Trust with a copy of the Divorce Decree.

In the case of members for whom contributions are made under a tiered family status, *e.g. single, double or family*, the member must notify his employer of the divorce and, if not addressed in the collective bargaining agreement, make arrangements for the continuation of contributions to cover the former spouse.

Spouse Coverage After Divorce

Coverage for the former spouse will continue only if such coverage is required by the Divorce Decree. Otherwise, the spouse's coverage will end as of the date of the divorce. A former spouse may be considered an eligible dependent subject to the following conditions:

1. The Divorce Decree must require that the member maintain coverage for his/her former spouse;
2. Neither the former spouse nor the member has remarried; and
3. The former spouse is not eligible for Medicare.

If the member does not notify NNEBT of the divorce in the required time frame and claims are paid, the member will be required to repay NNEBT for the cost of those claims.

The member is responsible for providing NNEBT with current contact information for the former spouse.

Dependent Coverage After Divorce

1. The biological or adopted children of the member who otherwise meet the dependent eligibility requirements of the SPD will retain coverage after the member's divorce.
2. Children of the former spouse who are not the biological or adoptive children of the member will not be covered after the divorce.

Termination of Coverage

Member Coverage

A member's coverage under the Plan will end:

1. At the conclusion of the Coverage Month after the member's employment ends;
2. At the conclusion of the Coverage Month after the member's employer ceases to be a contributor to the Trust;
3. If the member's employer or the member fails to make any required contribution;
4. If the member otherwise becomes ineligible; or
5. If NNEBT ends or modifies the Plan in a manner that makes the member no longer qualified for coverage.

Dependent Coverage

A spouse's coverage under the Plan will end:

1. When the member's coverage ends
2. If the individual no longer meets the Plan's definition of "eligible dependent."

A dependent child's coverage under the Plan will end:

1. When the member's coverage ends
2. If the individual no longer meets the Plan's definition of "eligible dependent."

All of the above notwithstanding, in the event a member dies, the member's otherwise eligible covered dependents as of the time of the member's death will remain covered for a maximum period of one year. Any such periods of coverage will be deducted from the COBRA entitlement(s) of the eligible dependent(s).

It is the responsibility of the surviving spouse to contact the Trust within 30 calendar days of the member's death and to complete the appropriate forms.