

**LABORERS'  
WELFARE  
FUND**

**HEALTH and WELFARE DEPARTMENT of the CONSTRUCTION and  
GENERAL LABORERS' DISTRICT COUNCIL of CHICAGO and VICINITY**

11465 CERMAK ROAD  
WESTCHESTER, ILLINOIS 60154-5768

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## **Important News Regarding Your Health and Welfare Plan**

April 2011

Dear Retiree Medical Plan Participant:

### **BOARD OF TRUSTEES**

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As Trustees of the Chicago Laborers' Welfare Plan (the "Plan"), we value your service and are proud to offer coverage to meet the health care needs of you and your family. With a key commitment to keeping you informed, we want to make you aware of changes to your benefits. These changes, most of which are a result of complying with the Patient Protection and Affordable Care Act (the "Affordable Care Act") are highlighted in this notice. Also included is information the Plan is required to provide about Medicaid and the Children's Health Insurance Program.

Please read this notice carefully and place it in the back pocket of your Summary Plan Description (SPD) booklet for future reference.

### **Adjustments to Plan Limits**

- The Plan is eliminating lifetime dollar limits on most covered medical benefits effective June 1, 2011. However, the lifetime limit is being transitioned to an overall annual dollar limit. An overall annual dollar limit of \$750,000 will apply to all medical benefits in the 2011-2012 Plan year. This dollar limit will increase to \$1,250,000 in the 2012-2013 Plan year, to \$2,000,000 in the 2013-2014 Plan year and will be eliminated beginning June 1, 2014.
- Benefits paid for the services listed below, as well as all other covered medical expenses will count toward the overall annual dollar limit.
- Annual limits applicable to other specific benefits will remain in effect as shown in the SPD.
- Lifetime dollar limits for each of the following specific benefits are being removed:

### **EMPLOYER PARTICIPANTS –**

Builders' Association, Employing Plasterers' Association, Underground Contractors' Association, Mason Contractors' Association, Concrete Contractors' Association, Wrecking Contractors, Concrete Products Employers, Lake County Illinois Employers, Illinois Road Builders Association, Bridge and Highway Structural Builders: i.e. all those who employ Laborers Engaged in the Building and Construction Industry.

<b>Effective June 1, 2011, the Lifetime Dollar Limit is Removed for These Specific Benefits</b>	<b>Other Limits That Still Apply</b>
<p><i>Suicide Attempt Expenses</i></p> <p>\$10,000 lifetime limit for suicide attempt expenses has been removed.</p>	<p>However, this is a one-time only benefit.</p>
<p><i>Prosthetic Devices</i></p> <ul style="list-style-type: none"> <li>➤ \$50,000 lifetime limit on prosthetic devices for members has been removed.</li> <li>➤ \$50,000 lifetime limit on prosthetic devices for spouses and children over age 12 has been removed.</li> <li>➤ \$100,000 lifetime limit on prosthetic devices for children under age 12 has been removed.</li> </ul>	<p>However, the following limits remain in effect:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The \$25,000 limit for each initial or replacement device still applies.</li> <li><input type="checkbox"/> Devices are covered only when ordered by a Physician and only for the standard models.</li> <li><input type="checkbox"/> Replacement devices are covered once every five years for adults and every two years for a child under the age of 16.</li> </ul>
<p><i>Home Healthcare Services and Skilled Nursing Facility</i></p> <p>\$1,000 per day calendar year maximum has been removed.</p>	<p>However, the 180-day calendar year maximum still applies.</p>
<p><i>Hospice Care</i></p> <p>\$1,000 per day calendar year maximum has been removed.</p>	<p>However, the 365-day overall maximum still applies.</p>
<p><i>Wellness Benefits for Eligible Members and Spouses</i></p> <p>\$200 per person calendar year maximum has been removed.</p>	
<p><i>Colonoscopy or Flexible Sigmoidoscopy for Eligible Members and Spouses</i></p> <p>\$1,065 per person limit has been removed.</p>	<p>However, the per person limit of once every five years remains in effect.</p>
<p><i>Nebulizer</i></p> <p>\$250 limit has been removed.</p>	<p>However, the per person limit of one every three years remains in effect.</p>

### **Special Enrollment for Individuals Who Reached the Lifetime Limit**

If you or your dependents have lost coverage because you reached the Plan's current lifetime limit, you may re-enroll yourself or your dependents in the Plan effective June 1, 2011, as long as you or your dependents continue to meet the eligibility requirements of the Plan. If you are eligible to re-enroll, you must complete the enclosed special enrollment form and return the completed form, and

any required documentation, to the Fund Office no later than May 31, 2011 (dropped off or postmarked).

### **Extension of Dependent Child Coverage to Age 26**

Effective June 1, 2011, the plan will cover dependent children up to age 26, regardless of circumstances such as being a full-time student, being married, or place of residence. Specifically, the Plan will cover eligible dependent children as follows:

- The Plan will cover your eligible children through age 25.
- Children will not be required to be students.
- Except for a disabled child, an under age 26 child's residence, financial dependence and marital status will not affect eligibility.
- The Plan will exclude any child age 19 or older who is eligible for other group coverage through the child's employer or through the employer of the child's spouse, regardless of whether the child enrolls in such coverage. (This provision will not apply starting June 1, 2014.)

To enroll your child(ren), please see the special enrollment form enclosed with this announcement. For coverage to be effective June 1, 2011, you must send the completed special enrollment form and any required documentation to the Fund Office by May 31, 2011 (dropped off or postmarked).

**NOTE:** If your child(ren) graduates school in the spring and would have lost eligibility on the day they graduate, you will need to re-enroll that child(ren) using the attached special enrollment form.

### **Termination of Coverage**

The Plan may rescind your or your dependent's coverage for fraud or intentional misrepresentation of a material fact after the Plan provides the individual with notice as required by law. A rescission of coverage is a cancellation of coverage that is retroactive back to the date that the individual should have lost eligibility under the Plan. However, the following situations will not be considered rescissions of coverage:

- The Plan terminates an individual's coverage back to the date of loss of eligibility when there is a delay in administrative recordkeeping between the individual's loss of eligibility and notice to the Plan of the individual's loss of eligibility.
- The Plan retroactively terminates the individual's coverage because of the individual's failure to make timely self-payments for coverage.

For any other unintentional mistakes or errors under which an individual was covered by the Plan when the individual should not have been covered, the Plan will cancel the individual's coverage prospectively once the mistake is identified. Such cancellation will not be considered a rescission of coverage.

### **Statement of Grandfathered Plan Status**

The Board of Trustees believes this Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for

example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office at 1-708-562-0200 or 1-866-906-0200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

**Medicaid and the Children’s Health Insurance Program (CHIP)  
Offer Free Or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2011. You should contact your State for further information on eligibility.**

<b>ALABAMA – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-800-362-1504	Website: <a href="http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1-866-298-8443

<b>ALASKA – Medicaid</b>	<b>COLORADO – Medicaid and CHIP</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943 CHIP Website: <a href="http://www.CHPplus.org">http:// www.CHPplus.org</a> CHIP Phone: 303-866-3243
<b>ARIZONA – CHIP</b>	
Website: <a href="http://www.azahcccs.gov/applicants/default.aspx">http://www.azahcccs.gov/applicants/default.aspx</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	
<b>ARKANSAS – CHIP</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://www.arkidsfirst.com/">http://www.arkidsfirst.com/</a> Phone: 1-888-474-8275	Website: <a href="http://www.fdhc.state.fl.us/Medicaid/index.shtml">http://www.fdhc.state.fl.us/Medicaid/index.shtml</a> Phone: 1-877-357-3268
<b>GEORGIA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>IDAHO – Medicaid and CHIP</b>	<b>MONTANA – Medicaid</b>
Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> Medicaid Phone: 1-800-926-2588 CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084
<b>INDIANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9948	Website: <a href="http://www.dhhs.ne.gov/med/medindex.htm">http://www.dhhs.ne.gov/med/medindex.htm</a> Phone: 1-877-255-3092
<b>IOWA – Medicaid</b>	<b>NEVADA – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900 CHIP Website: <a href="http://www.nevadacheckup.nv.org/">http://www.nevadacheckup.nv.org/</a> CHIP Phone: 1-877-543-7669
<b>KANSAS – Medicaid</b>	
Website: <a href="https://www.khpa.ks.gov">https://www.khpa.ks.gov</a> Phone: 1-800-792-4884	
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/ombp/index.htm">www.dhhs.nh.gov/ombp/index.htm</a> Phone: 603-271-4238

<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-342-6207	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-800-356-1561 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MAINE – Medicaid</b>	
Website: <a href="http://www.maine.gov/dhhs/OIAS/public-assistance/index.html">http://www.maine.gov/dhhs/OIAS/public-assistance/index.html</a> Phone: 1-800-321-5557	
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW MEXICO – Medicaid and CHIP</b>
Medicaid & CHIP Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Medicaid & CHIP Phone: 1-800-462-1120	Medicaid Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Medicaid Phone: 1-888-997-2583 CHIP Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Click on Insure New Mexico CHIP Phone: 1-888-997-2583
<b>MINNESOTA – Medicaid</b>	
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	
<b>NEW YORK – Medicaid</b>	<b>TEXAS – Medicaid</b>
Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Website: <a href="https://www.gethiptexas.com/">https://www.gethiptexas.com/</a> Phone: 1-800-440-0493
<b>NORTH CAROLINA – Medicaid</b>	<b>UTAH – Medicaid</b>
Website: <a href="http://www.nc.gov">http://www.nc.gov</a> Phone: 919-855-4100	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>NORTH DAKOTA – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>OKLAHOMA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>OREGON – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Medicaid & CHIP Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> Medicaid & CHIP Phone: 1-877-314-5678	Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext. 15473

<b>PENNSYLVANIA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: http://www.dpw.state.pa.us/partnersproviders/medicall assistance/doingbusiness/003670053.htm Phone: 1-800-644-7730	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
<b>RHODE ISLAND – Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
<b>SOUTH CAROLINA – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://www.health.wyo.gov/healthcarefin/index.html Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
<http://1-877-267-2323>, Ext. 61565

\* \* \* \* \*

**A Final Note**

Be sure to keep this announcement with your SPD for future reference. If you have any questions regarding these changes or your other benefits, please contact the Fund Office at 1-708-562-0200 or 1-866-906-0200.

Sincerely,

Board of Trustees

*This information only highlights certain features of the Chicago Laborers' Welfare Plan. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right and have the authority to amend, modify, or eliminate benefits at any time, or terminate the Plan when financial conditions dictate. In addition, the Trustees, or such other persons as delegated by the Trustees, have the discretion to interpret and construe the Plan's provisions.*

5175866v3/01929.001

# Chicago Laborers' Welfare Plan

11465 W. Cermak Road, Westchester, IL 60154

708-562-0200 or 866-906-0200

## SPECIAL ENROLLMENT OPPORTUNITY THROUGH MAY 31, 2011

### ENROLLMENT FOR INDIVIDUALS WHO REACHED LIFETIME LIMIT

If you or your dependents have lost coverage because you reached the Plan's current lifetime limit, you have a Special Enrollment opportunity starting *now through May 31, 2011* to enroll/re-enroll yourself or your dependents in the Plan as long as you or your dependents continue to meet the eligibility requirements of the Plan. **For coverage to be effective June 1, 2011, you must send this completed form and any required documentation to the Fund Office by May 31, 2011 (dropped off or postmarked).**

#### Participant Information

Participant Full Name: \_\_\_\_\_ Participant SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Widowed

I am adding the following person(s) to my health coverage for this special enrollment.  
Check all that apply.

- Myself.** I reached the lifetime limit and would like to reinstate my health coverage. [Complete Section A below and sign Section D on the back.]
- Spouse.** My spouse reached the lifetime limit and I would like to reinstate my spouse's health coverage. [Complete Sections A and B below and sign Section D on the back.]
- Child.** My child reached the lifetime limit and I would like to reinstate my child's health coverage. [Complete Sections A and C and sign Section D on the back.]

#### Section A: Employee Information (must be completed) Please print all sections.

NAME	_____
SSN#	_____
ADDRESS	_____
CITY, STATE, ZIP	_____
PHONE NUMBER	(     )     -
DATE OF BIRTH	_____/_____/_____

#### Section B: Spouse Information Please print all sections.

MARRIED NAME	_____
MAIDEN NAME	_____
SSN#	_____
DATE OF BIRTH	_____/_____/_____
MARRIAGE DATE	_____/_____/_____

- I am enclosing a Certified State or County Copy of my marriage certificate.



**Section C: Dependent Information Please print all sections.**

1. CHILD'S FULL NAME

SSN#

DATE OF BIRTH

I am enclosing a **Certified State or County Copy** of the birth certificate.

If applicable, I am enclosing a Voluntary Acknowledgement of Paternity or Qualified Medical Child Support Order.

2. CHILD'S FULL NAME

SSN#

DATE OF BIRTH

I am enclosing a **Certified State or County Copy** of the birth certificate.

If applicable, I am enclosing a Voluntary Acknowledgement of Paternity or Qualified Medical Child Support Order.

**Section D: Participant Authorization**

I hereby certify that the information on this form, to the best of my knowledge and belief, is true, correct, and complete. I also understand that willingly falsifying any of the information on this form is considered fraud and may be cause for termination of coverage as well as imposition of penalties.

Participant Name (print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIAL ENROLLMENT OPPORTUNITY THROUGH MAY 31, 2011**

**EXTENDED COVERAGE FOR ELIGIBLE DEPENDENT CHILDREN**

If you have Eligible Dependent children currently not covered under the Plan who will become eligible for coverage effective June 1, 2011, you have a Special Enrollment opportunity starting *now through May 31, 2011* to enroll/re-enroll the child(ren) in the Plan. For coverage to be effective June 1, 2011, you must send this completed form and any required documentation to the Fund Office by *May 31, 2011* (dropped off or postmarked). If you do not re-enroll your child(ren) during this Special Enrollment period and choose to do so later, coverage will not begin until the first of the month following the month the Fund Office receives your enrollment form.

**Participant Information**

Participant Full Name: \_\_\_\_\_ Participant SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Widowed

**Eligible Dependent Child(ren) Information**

Provide all information for Eligible Dependent Child(ren) to be covered under the Plan.

Child's Full Name (First, MI, Last)	Gender F M	Social Security Number	Date of Birth (mm/dd/yyyy)	Currently Insured? Y N	If currently insured or if employer provided coverage is available anywhere else, please provide the name of insurance, policy #, Group # and telephone #
	<input type="checkbox"/> <input type="checkbox"/>		/ /	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>		/ /	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>		/ /	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>		/ /	<input type="checkbox"/> <input type="checkbox"/>	

**Eligible Dependent Child(ren) Documentation/Proof**

You must also enclose a CERTIFIED STATE OR COUNTY duplicate of the birth certificate to add a child. If you send originals, the Fund Office will make copies and return the originals to you. (A certified duplicate is a copy acquired from the state or county in which the birth occurred). Hospital and church records are *not* acceptable. All information must be completed and provided or your child will not be enrolled under your group health care coverage until then. **If your child was previously covered under the Plan, you are not required to provide documentation.**

Unless your adult dependents contact the Fund and provide an alternate address, their EOB (Explanation of Benefits) and PHI (Protected Health Information) will be sent to your address.

**Participant Authorization**

I understand that the information on this form will be used to determine eligibility for coverage for my Eligible Dependent Child(ren) under the Chicago Laborers' Welfare Plan effective June 1, 2011. I hereby certify that the information on this form, to the best of my knowledge and belief, is true, correct, and complete. I also understand that willingly falsifying any of the information on this form is considered fraud and may be cause for termination of coverage as well as imposition of penalties.

Participant Name (print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SUMMARY ANNUAL REPORT**

### **FOR HEALTH & WELFARE DEPARTMENT OF THE CONSTRUCTION AND GENERAL LABORERS' DISTRICT COUNCIL OF CHICAGO**

This is a summary of the annual report of the Health & Welfare Department of the Construction and General Laborers' District Council of Chicago, EIN 36-2151212, Plan No. 501, for period June 1, 2009 through May 31, 2010. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Health & Welfare Department of the Construction and General Laborers' District Council of Chicago has committed itself to pay eligible claims incurred under the terms of the plan.

#### **Insurance Information**

The plan has contracts with The Union Labor Life Insurance Company to pay life insurance, accidental death and dismemberment, and long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending May 31, 2010 were \$82,644.

#### **Basic Financial Statement**

The value of plan assets, after subtracting liabilities of the plan, was \$141,045,028 as of May 31, 2010, compared to \$131,152,506 as of June 1, 2009. During the plan year the plan experienced an increase in its net assets of \$9,892,522. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$188,952,093, including employer contributions of \$158,009,169, employee contributions of \$6,510,639, realized gains of \$2,532,268 from the sale of assets, earnings from investments of \$20,336,389, and other income of \$1,563,628.

Plan expenses were \$179,059,571. These expenses included \$11,966,219 in administrative expenses, and \$167,093,352 in benefits paid to participants and beneficiaries.

#### **Your Rights To Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. an accountant's report;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. transactions in excess of 5% of the plan assets;
5. insurance information, including sales commissions paid by insurance carriers; and
6. information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Health & Welfare Department of the Construction and General Laborers' District Council of Chicago, 11465 Cermak Road, Westchester, IL 60154, (708) 562-0200. The charge to cover copying costs will be \$28.75 for the full annual report, or 25 cents per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Health & Welfare Department of the Construction and General Laborers' District Council of Chicago, 11465 Cermak Road, Westchester, IL 60154) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.