

IBEW LOCAL NO. 9 FRINGE BENEFIT FUNDS

IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund
IBEW Local No. 9 and Line Clearance Contractors 401(k) Retirement Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

FREQUENTLY ASKED QUESTIONS

How are my benefits Funded?

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

What are the Fund's eligibility requirements?

Initial eligibility requires 500 hours of employer contributions within 4 consecutive months. There is a one (1) month bookkeeping period in which you are not eligible and coverage begins the first day of the sixth month.

Continuing eligibility requires 100 hours of employer contributions in one month. There is a two (2) month bookkeeping period in which you are not eligible and coverage begins the first day of the fourth month. Coverage is for one (1) month only.

If the participant does not have 100 hours of employer contributions remitted, he may remit the number of hours that are short based upon the current hourly contribution rate. NOTE: Participants can only remit a maximum of 80 short hours per calendar month.

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

First, contact 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 your Local Union.

How can I add my dependents to the Plan?

Complete an Enrollment Form and submit copies of marriage and/or birth certificates to the Fund Office.

What do I do if 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?

Dependent children are covered until they turn 19 unless they meet the requirements for maintaining coverage.

The Health Care and Education Affordability Reconciliation Act of 2010 requires the Fund to extend Adult child coverage up to age 26.

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Can I continue coverage when I retire?

Yes, Retirees in the Plan who meet the required plan provisions are eligible to continue coverage under the Plan for 30 months.

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

The Fund provides weekly disability benefits of \$300 and extension of health care benefits. Contact the Fund Office to obtain additional information.

What is COBRA?

COBRA is the Consolidated Omnibus Budget Reconciliation Act of 1986. COBRA requires that the Fund provide coverage for participants and their dependents that may not otherwise be offered. Please contact the Fund Office for current rates.

What is Coordination of Benefits?

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