

# **IBEW LOCAL NO. 9 FRINGE BENEFIT FUNDS**

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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

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## **IBEW LOCAL 9 LINE CLEARANCE CONTRACTORS' HEALTH & WELFARE FUND 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 one (1) month bookkeeping period in which you are not eligible and coverage begins the first day of the third (3rd) 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 currently hourly contribution rate. NOTE: A participant can only remit a maximum of 80 short hours per calendar year.

### **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 the Local Union.

### **How can I add my dependents to the Plan?**

Complete a "Membership and Record Change Form" and submit copies of marriage or birth certificates to the Fund Office.

### **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.

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**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 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.

**Can I continue coverage when I retire?**

NO – At this time, there is no coverage for Retirees

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

The Fund provides disability benefits through Guardian which may continue your coverage for health care benefits. Contact the Fund Office to obtain 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:

Medical only -----	\$651.00
Medical & Vision -----	\$660.00
Medical & Dental -----	\$708.00
Medical, Dental & Vision -----	\$717.00

**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.