

Sheet Metal Workers Local No. 265 Health and Welfare Fund

Procedures to Request a Certificate of Group Health Plan Coverage

Dear Participant:

A Certificate of Group Health Plan Coverage is a document that indicates the period that you and your Dependents had creditable coverage under a plan, as well as certain information that is required by federal law. The Certificate can help you avoid being subject to a pre-existing condition exclusion under a new plan if you become covered by the new plan within 63 days of your loss of coverage.

The Sheet Metal Workers Local No. 265 Health and Welfare Fund's coverage is considered creditable coverage. As explained below, you will automatically be provided with a Certificate of Group Health Plan Coverage when your coverage under this Plan ends or you may request a Certificate under certain circumstances.

If you have any questions about these procedures, please contact the Fund Office at 1-630-668-7260.

Automatically Issued Certificate

When coverage under this Plan ends, the Fund Office will automatically provide you and/or your eligible Dependents with a Certificate of Group Health Plan Coverage. The Fund Office will send the Certificate by first class mail within 45 days after coverage under this Plan ends. If you and/or your Dependents elect COBRA Continuation Coverage or continuation coverage under USERRA, the Fund Office will provide you with another Certificate within 45 days after the COBRA Continuation Coverage or USERRA continuation coverage ends.

Requesting a Certificate

You and/or your Dependents may request a Certificate at any time within two years after the later of the date coverage under this Plan ended, the date COBRA Continuation Coverage ended, or the date USERRA coverage ended.

To request a Certificate of Group Health Plan Coverage, send a written request to the Fund Office. Be sure to include the following information:

1. Your name;
2. The address to which the Certificate should be mailed;
3. The name of the employee and/or dependent(s) for whom the Certificate is requested;
4. The last date that the employee and/or dependent(s) was covered under the Plan;
5. The name of the employee that enrolled the dependent(s) in the Plan;
6. A telephone number to reach the employee and/or dependent for whom the Certificate is requested, in the event of any difficulties; and
7. Your signature.

The Fund Office will provide the Certificate within 45 days after the request is received.