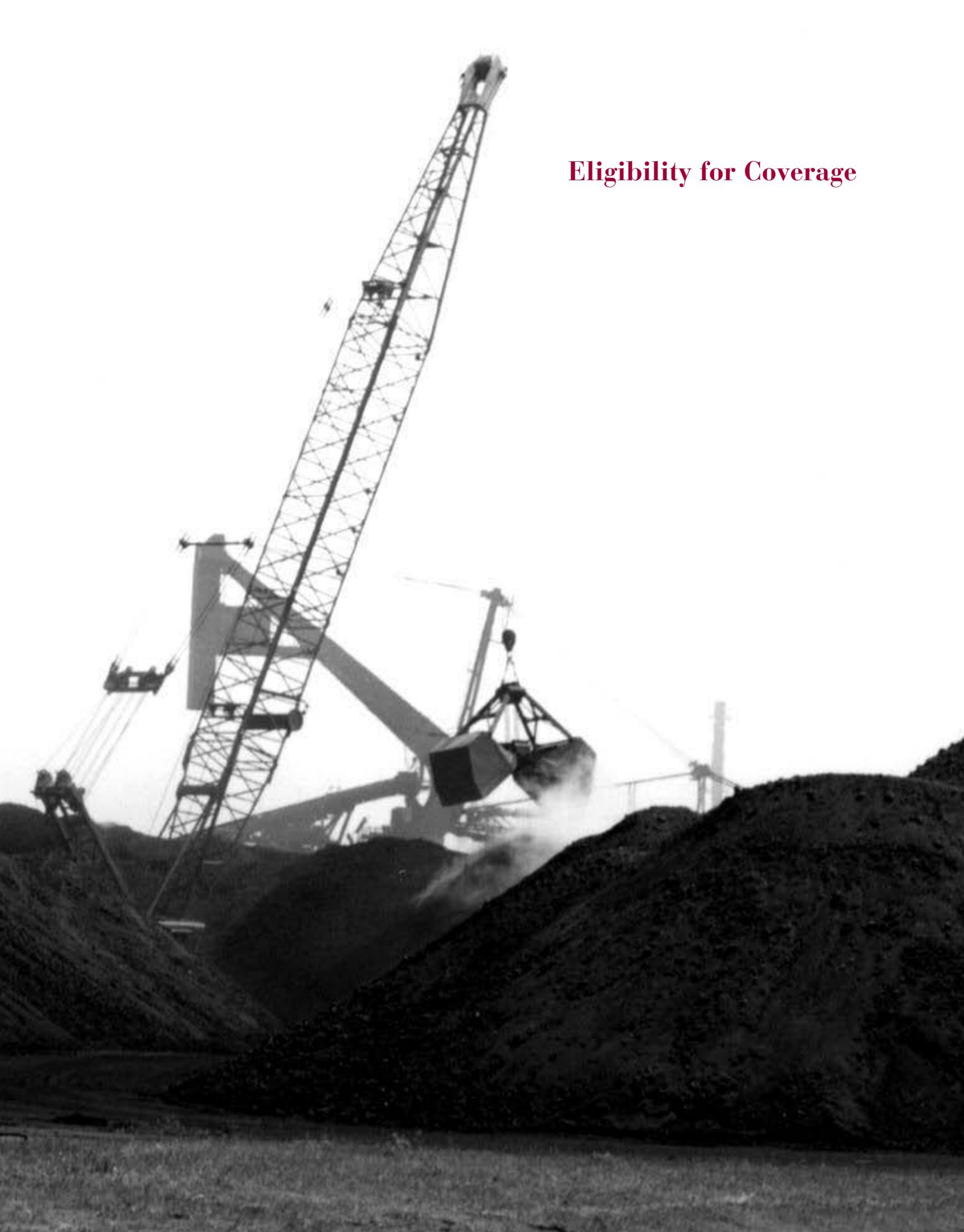


**Eligibility for Coverage**



**YOUR ELIGIBILITY**

Your eligibility for coverage under this plan depends on the number of hours you work under the jurisdiction of the I.U.O.E. Local 150 Collective Bargaining Agreements or other applicable Collective Bargaining Agreements for an employer who is required to contribute to the Midwest Operating Engineers Health and Welfare Fund. If you work for more than one employer who is required to contribute to the Fund, you will be credited with the total amount of contributions made by all your employers. You are first eligible for coverage after you are credited with 300 hours during a contribution quarter.

You must establish eligibility for coverage at the end of each contribution quarter in order to be covered during the related benefit quarter. These periods are specified below.

<b>Benefit Quarter</b>	<b>Contribution Quarter</b>
<b>You will be covered during this 3-month period:</b>	<b>If you meet the eligibility requirements during this 3-month period:</b>
January, February, March	August September, October
April, May, June	November, December, January
July, August, September	February, March April
October, November, December	May, June, July

Your eligibility is determined based on the number of hours, during a contribution quarter, that employer contributions were required to be made on your behalf.

To continue to satisfy the eligibility requirements, you must be credited with:

- at least 300 hours during a contribution quarter; or
- at least 1,200 hours during the last *four* contribution quarters.

You receive Quarterly Status Reports that detail your contribution hours for the prior contribution quarter. You should compare your hours worked with your check stubs. If there is a discrepancy, call the Fund Office immediately.

If you fall into one of the groups listed below, you should read the eligibility insert you received in the back pocket of this SPD:

- Your Employer is The Forest Preserve; or
- Your Employer is The City of Chicago; or
- Your Employer is the Union; or
- Your Employer is the Fund Office; or
- You are a non-bargained employee.

The following examples show how eligibility is determined using these two rules:

**Example 1**

Joe is credited with 90 hours in May 2001, 120 hours in June 2001, and 110 hours in July 2001, for a total of 320 hours in this contribution quarter. He will be eligible and covered for plan benefits in the related benefit quarter—October, November and December 2001 because he was credited with at least 300 hours during the corresponding contribution quarter.

**Example 2**

Let's say Joe did *not* have at least 300 hours in the May, June, July 2001 contribution quarter. He still may be eligible under Rule 2. For example, if Joe is credited with the following hours:

Contribution Quarter	Hours
May, June, July 2001	200
February, March, April 2001	300
November, December 2000; January 2001	350
August, September, October 2000	400
<b>Total</b>	<b>1,250</b>

Joe would be eligible and covered for plan benefits in the related benefit quarter—October, November and December 2001—because he was credited with at least 1,200 hours during the last four contribution quarters.

Eligibility may be different if you qualify for coverage under Special Participation Provisions (see page 5).

**DEPENDENTS'  
ELIGIBILITY**

During any benefit quarter that you are eligible for coverage, your eligible dependents are also covered. Eligible dependents include your:

- legal spouse other than a spouse separated by a decree of a court of competent jurisdiction; and
- unmarried children (including legally adopted children\* or step-children\*\*) provided they are:
  - under age 19;
  - a full-time student between the ages of 19 and 23; or
  - physically or mentally incapacitated and unable to support themselves.

\* A child is considered legally adopted on the earlier of the date of placement or the date legal adoption proceedings have been started.

\*\* A stepchild must be a natural or adopted child of an eligible spouse.

### **Full-Time Student Status**

The Fund Office requires proof every semester of full-time student status for children age 19 and older. Documentation must come from the registrar's office, and must include a school seal or class schedule.

The full-time student is covered until the end of the calendar quarter that includes the last day of the semester or quarter for which the student provided documentation of full-time student status. At the end of the normal school year, full-time students are covered through June 30th. If the child continues as a full-time student the following fall, then the child is covered during the summer months. Otherwise, coverage ends June 30th.

If your child is not continuously a full-time student but maintains coverage under the plan by electing continuation of coverage under COBRA, then when he or she first becomes or returns to full-time student status, he or she will be considered an eligible dependent. This change from non-dependent to dependent status is permitted only once.

### **Proof of Child's Disability**

In order to maintain coverage for your disabled child, you must submit proof of your child's physical handicap or mental incapacity to the Fund Office within 31 days of your child's 19th birthday.

## **EXTENSION OF ELIGIBILITY**

If you are a non-retired, active employee, there are certain situations under which you may be eligible to continue coverage for yourself and your dependents if you do not meet the quarterly eligibility requirements.

You can continue coverage:

- For up to four consecutive benefit quarters, if you become unemployed and are actively seeking employment with employers who are required to contribute to the Fund.
- During periods you receive a Weekly Disability Benefit (as described on page 63). In this case, you are credited with 40 hours per week, up to a maximum of 17 weeks for eligibility purposes under this plan.
- For up to four consecutive benefit quarters if you are disabled and are unable to work.

Full-time student is a dependent child, age 19-23, that attends an accredited college, university or trade school on a full-time basis as defined by the school, generally, 12 credits.

Coverage will only be continued as long as you make continuous payments to the Fund at the time and in the amount determined by the Trustees. When the maximum self-payment period under this provision ends, you may be eligible for COBRA continuation coverage. See Your Continuation Coverage Under COBRA on page 12.

This provision does not apply to certain eligibility groups such as owner operators/shareholders/relatives or non-bargaining.

**RECIPROCAL  
AGREEMENTS**

You may also be eligible for coverage under this plan if you are covered by another collective bargaining unit's plan, and that plan has a reciprocal agreement with the Midwest Operating Engineers Health and Welfare Fund. To continue coverage, you must arrange to transfer your credited hours to the Midwest Operating Engineers Health and Welfare Fund.

The number of hours transferred into the Fund is determined by using the following formula:

the monthly dollar amount that is transferred to the Midwest Operating Engineers Health and Welfare Fund	÷	the contribution rate for that month in the Collective Bargaining Agreement that covers Heavy and Highway Work in Illinois
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To transfer hours you must complete a Transfer Agreement with this Fund no later than six months from the time the hours to be transferred are worked.