



## Midwest Operating Engineers Fringe Benefit Funds

WELFARE FUND - PENSION TRUST FUND - VACATION SAVINGS PLAN

6150 Joliet Road • Countryside, IL 60525-3994 • (708) 482-7300 • Fax (708) 482-3056

James M. Sweeney, *Chairman*

David Snelten, *Secretary-Treasurer*

### Health & Welfare Coverage For Adult Children up to Age 26

Dear Member:

In accordance with the Patient Protection and Affordable Care Act (PPACA), beginning January 1, 2014 the Midwest Operating Engineers Health and Welfare Fund is required to extend coverage to adult children under the age of 26 regardless of:

- Whether or not the child is a full time student
- Whether or not the child lives with the parent
- Whether or not the child is married or has children
- Whether or not the child is employed
- Whether or not the child is offered employer based group healthcare coverage

Previously under PPACA, the Midwest Operating Engineers Health and Welfare Fund was not required to cover Adult Children over the age of 19 if they had access to other employer based group health care coverage. Effective January 1, 2014 eligible Adult Children will be covered under the Midwest Operating Engineers Health & Welfare Fund regardless of whether or not they are offered group coverage through their employer or their spouse's employer. ***This coverage is only available to the adult child and does not extend to their spouse or dependent children.***

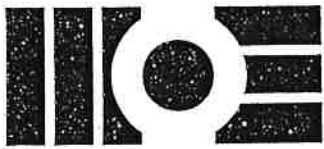
Enclosed with this notice is a Special Enrollment Form for Adult Children. To enroll your adult children for coverage under the Midwest Operating Engineers Health and Welfare Fund, please complete the form. Once completed and signed, mail the form along with a copy of the dependent's social security card to the Midwest Operating Engineers Health and Welfare Fund using the enclosed envelope. If this child has never been covered under the Midwest Operating Engineers Health and Welfare Fund, you must include a certified copy of the child's birth certificate. If the child was not born of your current marriage, you must submit copies of all pertinent court orders (divorce decrees, custody awards, paternity orders, etc.)

If your Adult Child has other group insurance coverage through their employer or through their spouse's employer, please include the information on the enclosed Adult Dependent enrollment form. This information will allow the Health & Welfare Fund to coordinate benefits with the other insurance carrier and provide secondary coverage for your Adult Child.

If you have any questions about the coverage for adult dependent, please contact the Eligibility Department of the Fund Office at 708-579-6600.

Sincerely,

Barbara Glembin  
Claims Manager  
Midwest Operating Engineers  
Health and Welfare Fund



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**SPECIAL ENROLLMENT FORM FOR ADULT CHILD OF A PARTICIPANT**

**INFORMATION ABOUT PARTICIPANT (EMPLOYEE OR RETIREE)**

Full Name \_\_\_\_\_

SSN or Medical ID# \_\_\_\_\_

**INFORMATION ABOUT ADULT CHILD COVERAGE**

Full Name of child \_\_\_\_\_

Child's SSN \_\_\_\_\_

Child's date of birth including year \_\_\_\_\_

Sex: M F

Employer's name \_\_\_\_\_

Employer Address \_\_\_\_\_

**INFORMATION ABOUT ADULT CHILD SPOUSE'S COVERAGE** \_\_\_\_\_

Adult Child Spouse's Name \_\_\_\_\_

Adult Child Spouse's employer's name \_\_\_\_\_

Adult Child Spouse's employer's address \_\_\_\_\_

If your child's address differs from yours, please indicate below the correct address where they reside.

Street Address \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**SIGNATURE**

I further affirm that the information given on this form is true and correct to the best of my ability.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_