NAME: **SS#:**

Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund

EMPLOYER: Giant Food Warehouse **LOCAL:** 730
STATUS: Full Time

ISSUE: Eligibility – Disenroll from Fund Coverage #E26/111-7439

FUND RULE:

"**Special Eligibility**

When a Giant Food, Inc. Vacation Relief employee moves to "Regular Employee" status, the employee is not required to go through another 6-month eligibility waiting period as set forth in Fund rules for new participants, but shall be eligible for Fund benefits on the first day of the month following the move to Regular Employee status […]"

(Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund SPD, December 2022, Page 20)

SUMMARY: Appeal Received: July 31, 2026

The **participant** is appealing to be allowed to disenroll from Fund health coverage. The participant states, in summary, that he now has comprehensive health insurance through his wife's plan, which better meets their family's needs.

Fund records indicate the participant was hired as a Vacation Relief employee on December 8, 2013 and enrolled in Fund coverage effective January 1, 2014. The Fund does not have an opt-out provision and therefore the participant cannot elect to disenroll from Fund coverage if he otherwise meets the eligibility criteria to continue coverage and employer contributions are received on his behalf. The Fund Office received phone calls from the participant on April 23, 2025 and September 25, 2025, asking to disenroll. The participant was advised during each call that he cannot disenroll as long as he meets the eligibility criteria. The participant's appeal to disenroll was received on July 31, 2026.

Note: The participant's spouse and four dependent children are currently enrolled for coverage. A review of the family's claims record indicates that several recent medical claims have been incurred through July 2026.

After the appeal was received, the Fund Office called the participant to confirm if he wants to disenroll from all Fund coverage (medical, optical, dental, life insurance, and Accident and Sickness benefits), including his enrolled dependents. The participant advised that he wants all coverage to cease.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

July 29, 2026

Pension Appeals Department
Board of Trustees
911 Ridgebrooke Road
Sparks, MD 21152

Request to Cancel Health Insurance Coverage

Dear Members of the Board of Trustees:

I am writing to formally request the cancellation of my health insurance coverage provided through the pension plan. I am submitting this request because I now have comprehensive health insurance coverage through my wife's plan, which better meets our family's needs.

Please accept this letter as a formal notice and request to end my current health insurance benefit effective as soon as possible. I wish to keep all other pension benefits; this request pertains solely to the health insurance coverage.

Please inform me of any additional forms, documentation, or verification of alternate coverage that the Board needs to process this request. I can be reached at [redacted] or at [redacted] and I am happy to provide proof of my spouse's coverage upon request.

Thank you for your attention to this matter. I would appreciate written confirmation once the cancellation has been processed, along with the effective date.

Respectfully,

[redacted]

RECEIVED

JUL 31 2026

AA,LLC