NAME: **SS#:**

Bakers Union and FELRA Health and Welfare Fund

EMPLOYER:	Safeway	**LOCAL:**	118
DATE OF HIRE:	November 4, 1979	**STATUS:**	Full Time
PLAN:	1		**Benefits Terminated, December 31, 2013**

ISSUE: Eligibility – Open Enrollment #E14/105-1461

FUND RULE:
"**IMPORTANT NOTICE – CHANGE TO YOUR HEALTH PLAN BENEFITS**
EFFECTIVE JANUARY 1, 2014
CHANGES TO PLAN 1 and PLAN 2 COVERAGE

If you wish to continue to receive benefits under the Fund please complete the attached Authorization for Payroll Deduction form to authorize payroll deductions and return it to the Fund office by December 1, 2013…"
(Quoted from the Open Enrollment letter mailed to the participant on October 31, 2013)

"The Trustees of the Bakers Union and FELRA Health & Welfare Fund ("the Fund") announce the following changes to your health plan. Effective January 1, 2014, Full-Time employees will be required to contribute $42.54 per month in order to continue to receive the current level of benefits under the Bakers Union and FELRA Health and Welfare Fund.

If you wish to continue to receive benefits under the Fund please complete the Authorization for Payroll Deduction form below to authorize payroll deductions and return it to the Fund office by December 31, 2013."
(Quoted from the Bakers Union and FELRA Health and Welfare Fund "For Your Benefit" newsletter, December 2013, mailed to the participant on December 11, 2013)

SUMMARY: Appeal Received: January 24, 2014

The **participant** is appealing for reinstatement of Fund coverage for herself, her spouse, and two children (DOB: 4-4-1991 and 11-9-1993), effective January 1, 2014. The participant states, "I called the Fund office when I received this letter. I gave [a representative] my information on the phone. She said I was good and that I had to do nothing else. When trying to fill a prescription, they told me I had no coverage. I did choose Health and Welfare coverage and to my understanding thought this was taken care of through my phone conversation."

Fund records indicate an Open Enrollment letter and payroll deduction authorization form were mailed to the participant on October 31, 2013. A "For Your Benefit" newsletter, including another payroll deduction authorization form, was mailed to the participant on December 11, 2013. The participant's Fund coverage terminated on December 31, 2013 when a completed payroll deduction authorization form was not received. A HIPAA statement was mailed to the participant on January 13, 2014, with a retroactive coverage termination date of December 31, 2013. A completed payroll deduction authorization form (signed and dated November 1, 2013) was received from the participant, with her appeal, on January 24, 2014 (24 days late).

Note: The Fund office can confirm receiving a telephone call from the participant on November 14, 2013, regarding "deduction questions". The participant's address was last updated on August 30, 2002 and matches the address on her letter of appeal. No return mail has been received from the post office.

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