NAME: **SS#:**

Bakers Union and FELRA Health and Welfare Fund

EMPLOYER:	Safeway	**LOCAL:**	118
DATE OF HIRE:	May 1, 2005	**STATUS:**	Full Time
PLAN:	1		**Benefits Terminated, December 31, 2013**

ISSUE: Eligibility – Open Enrollment #E14/108-9196

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 31, 2014

The **participant** is appealing for reinstatement of her Fund coverage, effective January 1, 2014. The participant states, "I did not receive any letter in reference to health insurance paperwork that need[ed] to be filled out, signed, and sent back in. [I] made a doctor's appointment [and] went in to find out that I didn't have health insurance."

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. The participant called the Fund office on January 22, 2014 and a payroll deduction authorization form was faxed to her at that time.

After the appeal was received, another payroll deduction authorization form was mailed to the participant on February 4, 2014. A completed payroll deduction authorization form was received on February 7, 2014.

Note: The participant's address was last updated on September 7, 2011 and matches the address on her letter of appeal. No return mail has been received from the post office.

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