NAME: **SS#:**

Bakers Union and FELRA Health and Welfare Fund

EMPLOYER:	Safeway	**LOCAL:**	118
DATE OF HIRE:	December 5, 1985	**STATUS:**	Full Time
PLAN:	1		**Benefits Terminated, December 31, 2013**

ISSUE: Eligibility – Open Enrollment #E14/120-0447

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: April 16, 2014

The **participant** is appealing for reinstatement of his Fund coverage, effective January 1, 2014. The participant states, "Recently during a visit to the doctors I have learned that my health insurance coverage through the Fund has been stopped. Upon calling the Fund to find out why my coverage had been stopped, it was discovered that the Fund did not receive the form of October 31, 2013… I do not know why the Fund did not receive this form since I did receive it, filled it out, and mailed it back to the Fund before the December 1st deadline."

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. To date, a completed payroll deduction authorization form has not been received.

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