

NAME:

SS#:

Bakers Union and FELRA Health and Welfare Fund

EMPLOYER: Safeway
DATE OF HIRE: January 1, 1987
PLAN: 1

LOCAL: 118
STATUS: Full Time
Benefits Terminated,
December 31, 2013

ISSUE: Eligibility – Open Enrollment

#E14/121-5102

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 28, 2014

The **participant** is appealing for reinstatement of Fund coverage for himself and his two children (DOB: 4-6-1995 and 9-30-2011), effective January 1, 2014. The participant states, "I have lost my health insurance coverage because I did not complete or return the payroll deduction form. The reason for my not returning the payroll deduction form is that I did not understand it to apply to me. I thought it applied to new hires. It is extremely important that [I] keep my health insurance coverage because I have a minor child..."

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 February 10, 2014 and another payroll deduction authorization form was mailed to him at that time. An incomplete payroll deduction authorization form (signed and dated February 28, 2014) was received from the participant on March 11, 2014 (69 days late). The participant did not authorize a payroll deduction for coverage.

Note: The participant's address was last updated on September 26, 2006 and matches the address on his letter of appeal. No return mail has been received from the post office.

ACTION:

Approved

☐

Denied

☐

Tabled

☐

COMMENTS: