

# For Your Benefit



## Notice of Waiver of Annual Limit Requirements

*This notice applies to all Active participants with traditional Fund coverage, not HMO coverage.*

**2013 Plan Year.** Below is a Notice that we are required by federal law to send to you. This notice explains that, under the Patient Protection and Affordable Care Act, group health plans generally cannot have annual limits of less than \$2 million for the Plan Year beginning in 2013. However, plans can seek a waiver of those annual limits from the Department of Health and Human Services (“HHS”), if complying with the new annual limit would result in a significant decrease in employee access to benefits or a significant increase in employee payments.

Because your plan currently has annual limits on comprehensive medical, rehabilitation, and physical exam benefits that are below \$2 million and the Fund’s benefit consultant projected that the Fund’s cost of benefits would increase if it were required to increase these annual limits to \$2 million, the Board of Trustees obtained a waiver of the annual limits until December 31, 2013. If the Fund did not obtain the waiver, the Trustees would have been required to consider decreasing benefits or increasing participant cost sharing, such as increases in deductibles, co-payments and co-insurance. To avoid having to consider decreasing benefits or increasing the out of pocket costs you pay for your health coverage, the Trustees decided that the best approach was to apply to HHS for the waiver.

### Summary of Material Modifications – This Issue!

- FELRA & UFCW Active Health Plan\*\*
- FELRA & UFCW Retiree Health Plan\*\*
- FELRA & UFCW Pension Fund
- Mid-Atlantic UFCW and Participating Employers Pension Fund
- UFCW & FELRA Severance Fund\*
- UFCW & FELRA Legal Fund\*
- UFCW & FELRA Scholarship Fund\*

*\*Benefit programs of the FELRA & UFCW Health and Welfare Fund*

*\*\*Benefit Plans of the FELRA & UFCW Health and Welfare Fund*

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*The purpose of this newsletter is to explain your benefits in easy, uncomplicated language. It is not as specific or detailed as the formal Plan documents. Nothing in this newsletter is intended to be specific medical, financial, tax, or personal guidance for you to follow. If for any reason, the information in this newsletter conflicts with the formal Plan documents, the formal Plan documents always govern.*

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You should be aware that as a result of obtaining the waiver, there will be no reductions in the current package of health benefits you are receiving. The Board of Trustees is proud of the affordable health benefits that they have been able to provide over many years.

**January 2013 Notice of Waiver of Annual Limit Requirement**

The Affordable Care Act prohibits health plans from applying dollar limits below a specific amount on coverage for certain benefits. This year, if a plan applies a dollar limit on the coverage it provides for key benefits in a year, that limit must be at least \$2 million.

Your health coverage, offered by the FELRA & UFCW Health and Welfare Fund, does not meet the minimum standards required by the Affordable Care Act described above. Your coverage has an annual limit of:

ANNUAL MAXIMUM (Per Individual)				
BENEFIT CLASS	PLAN I	PLAN I RETIREE	PLAN X	PLAN XX
Comprehensive Medical	\$400,000	\$400,000	\$400,000	\$400,000
Rehabilitation	\$25,000	\$25,000	\$25,000	\$25,000
Physical Exam	\$200 (once every two years)	\$200 (once every two years)	N/A	N/A

**This means that your health coverage may not pay for all of the health care expenses you incur.**

Your health plan has requested that the U.S. Department of Health and Human Services waive the requirement to provide coverage for certain key benefits of at least \$2 million this year. Your health plan has stated that meeting this minimum dollar limit this year would result in a significant increase in your premiums or a significant decrease in your access to benefits. Based on this representation, the U.S. Department of Health and Human Services has waived the requirement for your plan until December 31, 2013.

If you are concerned about your plan’s lower dollar limits on key benefits, you and your family may have other options for health care coverage. For more information, go to: [www.HealthCare.gov](http://www.HealthCare.gov).

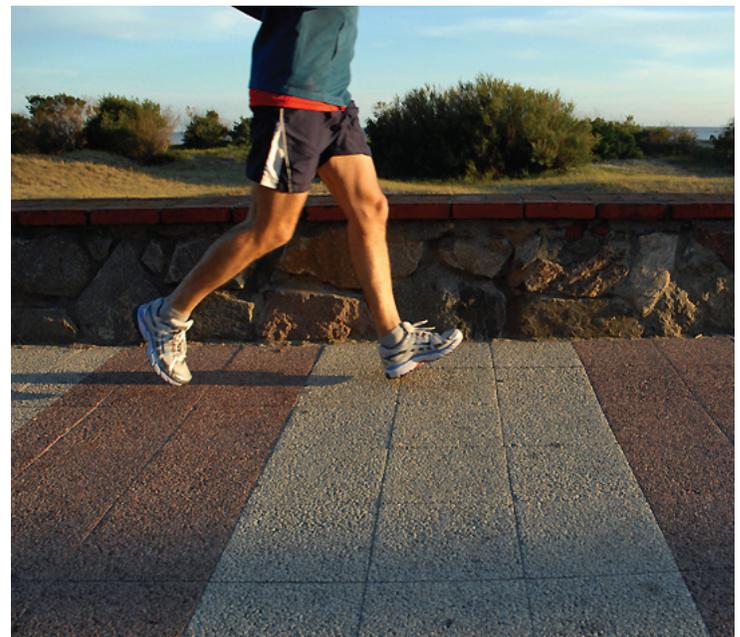
If you have any questions or concerns about this notice, contact the Fund Office at (800) 638-2972. In addition, if you live in Maryland, you can contact the Maryland Office of the Attorney General, Health Education and Advocacy Unit, at (877) 261-8807. If you live in Virginia, you can contact the Virginia Consumer Assistance Program, at (877) 310-6560.

**Notice of Grandfathered Health Plan**

This is to notify you that the Food Employers Labor Relations Association and United Food and Commercial Workers Health and Welfare Fund (“Fund”) qualifies as a “grandfathered health plan” under the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act).

As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Because the Fund qualifies as a grandfathered health plan, certain provisions of the Affordable Care Act that apply to other plans—for example, the requirement for the provision of preventive health services without any cost sharing—do not currently apply to the Fund. However, the Fund offers other consumer protections under the Affordable Care Act, including the elimination of all lifetime limits on essential benefits.

If you have questions about which protections apply and which protections do not apply to a grandfathered health plan, or about what might cause the Fund to stop being treated as a grandfathered health plan, please contact Participant Services at 1-800-638-2972.



You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

# Summary of Material Modifications

*Below are Summaries of Material Modifications (changes) made to your Plans during the past year. Please clip this summary and keep it with your Plan booklets so you will have it for easy reference.*

## **FELRA & UFCW Health & Welfare Fund** **FELRA & UFCW Active Health & Welfare Plan** **FELRA & UFCW Retiree Health & Welfare Plan**

- **Effective June 1, 2012—new Plan names.** The Board of Trustees formally separated the Plan for active participants and the Plan for retired participants formalized the separate existence of the Fund's plan for FELRA Actives. The active plan now is called the FELRA & UFCW Active Health Plan, a plan of the Food Employers Labor Relations Association and United Food and Commercial Workers Health and Welfare Fund. The retiree plan now is called the FELRA & UFCW Retiree Health Plan, a plan of the Food Employers Labor Relations Association and United Food and Commercial Workers Health and Welfare Fund. Your benefits remain the same.

## **FELRA & UFCW Active Health & Welfare Plan** **FELRA & UFCW Retiree Health & Welfare Plan**

- **Effective January 1, 2013, Gardisil Vaccine is now covered.** The Board of Trustees is pleased to announce that Gardisil, the HPV vaccine for girls, now is covered under the Active Plan and Retiree Plan for dependent daughters. The following applies to Actives and Retirees who have Fund coverage.

### **Virginia Participants**

Effective for Gardisil injections given January 1, 2013 and after, your dependent daughter may either receive the shot at a Giant or Safeway pharmacy at no cost to you using your Medco ID pharmacy card, or may receive the injection at the doctor's office. If the vaccine is administered at the doctor's office, the injection will be covered in full with no deductible, up to the Usual, Customary, and Reasonable (UCR) charge, while the office visit charge (if there is one) will be covered under your medical coverage at 80% for Plan I and X participants and at 75% for Plan XX participants, after satisfying the deductible.

### **Maryland and DC Participants**

For Maryland and DC, this injection cannot be administered at the pharmacy; therefore, it will be covered when administered at your dependent daughter's doctor's office, effective January 1, 2013. The injection itself will be covered at 100% up to the UCR and the office visit charge (if there is one) will be covered under your medical benefit at 80% for Plans I



and X and at 75% for Plan XX, after satisfying your deductible.

You also have the choice of picking up the vaccine at the pharmacy at no charge, and bringing it to the physician's office for administration. If you do that, the office visit charge will be paid under medical, as described above.

### **Delaware Participants**

Delaware law permits the vaccine to be administered at the pharmacy if certain dosage conditions are met. Check with your pharmacist to see if the shot can be administered at the pharmacy or if it must be handled at the doctor's office. Payment will be as noted above.

## **FELRA & UFCW Active Health & Welfare Plan** **FELRA & UFCW Retiree Health & Welfare Plan**

- **Effective January 1, 2013—elimination of Walgreens from network pharmacies.** Walgreens is no longer a part of the FELRA network of pharmacies, effective January 1, 2013. **This network change does not affect the prescription drug benefits available to you under the Plan.**

### **Co-Insurance**

Plan participants share in the cost of drugs based on coinsurance levels of 8% for Plan I participants, 13% for Plan X participants and coinsurance levels for Plan XX participants that depend on the cost of the drug. Remember, Giant and Safeway pharmacy coinsurance levels are generally lower than using a non-participating employer pharmacy. Retiree reimbursement levels are typically 11% for Giant and Safeway, and 18% for other

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Medco network pharmacies. If you are a retiree and live out of the area of a Giant or Safeway pharmacy, you may qualify for the 11% coinsurance level.

### Questions

If you have questions or need assistance in locating the nearest network pharmacy, please contact Medco/Express Scripts at (800) 903-8325.

### **FELRA & UFCW Active Health & Welfare Plan FELRA & UFCW Retiree Health & Welfare Plan**

- **Effective October 15, 2012, the flu shot is free with Medco Rx card at Giant or Safeway Pharmacies.** The Board of Trustees is pleased to provide an enhanced flu shot benefit for Fund participants.

### **Flu Shot at Pharmacy**

Effective for flu shots given October 15, 2012 and after, you may get your flu shot at any Giant or Safeway pharmacy at **no cost to you** using your Medco Prescription Drug ID card! Simply go to your Giant or Safeway pharmacy, show your Medco ID card, and receive your flu shot.

### **Flu Shot in Doctor's Office**

If you prefer to get your flu shot from your doctor or don't live near a Giant or Safeway pharmacy, the flu shot will be covered under your medical benefits. For participants and dependents with traditional Fund coverage, the injection itself is covered at 100% up to the Usual, Customary, and Reasonable fee, and the office visit charge (if there is one) is covered under your Major Medical or Comprehensive benefit (80% for Plans I and X, or 75% for Plan XX), after satisfying the annual deductible. Plan XX participants must use a participating CareFirst provider in order to be covered. Submit your paid receipt for the injection to the Fund office and you will be reimbursed. Charges for an office visit should be filed just like any other medical claim.

For participants in the Kaiser Permanente HMO (actives and retirees) who prefer to get a flu shot from their doctor, the flu shot is covered in full, with no co-pay if you use a Kaiser physician. Further, actively working participants in Kaiser who use Medco for their prescription benefit may have their flu shots administered at a Giant or Safeway pharmacy using the Medco ID card, at no cost.

### **FELRA & UFCW Active Health & Welfare Plan**

- **Clarification regarding Life Insurance Beneficiary Payment Process. No change in benefit.**

The Board of Trustees has adopted the following clarifi-



cation to the Fund's Summary Plan Description ("SPD") regarding the default payment method applicable to the life insurance benefit under Plans I, X, and XX.

The following language is added to the end of the Life Benefit and Accidental Death and Dismemberment sections of your SPD:

### **DEFAULT PAYMENT FORM FOR LIFE INSURANCE BENEFIT AND ACCIDENTAL DEATH AND DISMEMBERMENT**

1. Beneficiaries who are residents of Maryland, Virginia or the District of Columbia and are eligible to receive a life benefit or accidental death & dismemberment benefit of less than \$5,000 will receive their payment in one lump sum, unless the Beneficiary elects another form of payment from the options available.
2. Beneficiaries who are residents of Maryland, Virginia and the District of Columbia, and are eligible to receive a life benefit or accidental death & dismemberment benefit of \$5,000 or greater will have their payment deposited into a Personal Transition Account in the Beneficiary's name, established and maintained by ING/ReliaStar, unless the Beneficiary elects another form of payment from the options available. The proceeds in the Account will earn interest at a guaranteed minimum rate, and the Beneficiary may write drafts against the Account of at least \$250 at a time, up to the full amount of the Account. The Beneficiary may close the Account at any time by requesting payment of the full balance of the Account. ING/ReliaStar will maintain the Account and will periodically request that the Beneficiary confirm his/her intent to continue the Account. If the Beneficiary does not affirmatively confirm his/her intent to keep the Account active, and if there is no financial activity with the Account (excluding credited interest) or other customer initiated activity for a period of 18 months, ING/ReliaStar will close the Account. Upon closing the Account, ING/ReliaStar will pay out the remaining proceeds to the Beneficiary. If ING/ReliaStar cannot locate the Beneficiary, it will pay any remaining funds to the state government in the state in which the Account was established.

The default payment option for Beneficiaries residing in other states may be different. For more information on those benefit options, please contact ING at 888-238-4840.

### **FELRA & UFCW Retiree Health & Welfare Plan**

- **Effective June 1, 2012**, as a result of Collective Bargaining, the following change has been made to the Kaiser Medicare HMO retiree program:

- o The office visit copayment will change from \$10 to \$15 per visit.
- o There will be a \$100 inpatient deductible which will apply to the first inpatient admission during each benefit period (calendar year).

The prescription drug co-payments will change from:

- o \$5 to \$10 for mail order scripts (90 day supply),
- o \$10 to \$15 for scripts obtained at a Kaiser center, and
- o \$15 to \$25 for scripts obtained at another retail outlet.

### **FELRA & UFCW Retiree Health & Welfare Plan**

- **Effective June 1, 2012**, as a result of Collective Bargaining, the following changes have been made to Plan I for non-Medicare Retirees and/or Dependents enrolled in CIGNA:

- o The co-insurance for non-Medicare retirees covered by the CIGNA self insured HMO will change from 90% to 80%.
- o The deductible will increase to \$300 per person, per Plan Year, and the out-of-pocket maximum will increase to \$4,000 per person, per Plan Year. The CIGNA Plan Year is from June 1st – May 31st each year.

### **FELRA & UFCW Active Health & Welfare Plan**

- **Effective May 1, 2012, Endodontic procedures (Root Canals) now covered.** The following applies to participants and eligible dependents under Plan X whose employers entered into a ratified 2012 bargaining agreement with the Local Union.

As a result of recent collective bargaining, effective for claims incurred **on and after** May 1, 2012, the Board of Trustees is pleased to announce that coverage of endodontic procedures (root canals) has been added to Plan X for covered Participants and their eligible dependents. While most endodontic procedures are subject to a co-pay, you should see significant savings since the procedures which previously were not covered could cost as much as \$1,200 per procedure. **To receive the benefit, the endodontic procedures must**

**be performed by a GDS network dentist**, and the procedures are subject to the same policy provisions as your other dental benefits including, but not limited to, authorization of medical necessity.

The below co-pays apply to endodontic procedures performed by a GDS general network dentist. The covered endodontic procedure codes and associated co-pays are as follows:

Code	ADA Description	Co-pay
D3110	Pulp Cap Direct	\$0
D3120	Pulp Cap Indirect	\$0
D3310	Endodontic Therapy—Anterior Tooth	\$125
D3320	Endodontic Therapy—Bicuspid Tooth	\$125
D3330	Endodontic Therapy—Anterior Tooth—Molar	\$250

**All co-pays and fees are due at the time of service, and all dental services must be performed by a GDS network general dentist to be eligible for the above co-pays and coverage.**

If the procedure is performed by a GDS in-network endodontic specialist, the Participant is responsible for an additional \$100 specialist fee on the last three procedures listed above. Thus, if the procedure is performed by a GDS in-network endodontic specialist, the co-pays are as follows:

Code	ADA Description	Co-pay
D3110	Pulp Cap Direct	\$0
D3120	Pulp Cap Indirect	\$0
D3310	Endodontic Therapy—Anterior Tooth	\$225
D3320	Endodontic Therapy—Bicuspid Tooth	\$225
D3330	Endodontic Therapy—Anterior Tooth—Molar	\$350

**All co-pays and fees are due at the time of service, and all dental services must be performed by a GDS network endodontic specialist dentist to be eligible for the above co-pays and coverage.**

If you have questions regarding the endodontic benefit or need assistance to find a network dentist, please contact GDS at (800) 242-0450.

**FELRA & UFCW Active Health & Welfare Plan  
FELRA & UFCW Retiree Health & Welfare Plan**

**• April 1, 2012 - Extended Time To File Medical Claims**

The following applies to participants in Plan I, Plan X, and Plan XX who are employed by Giant or Safeway, and their eligible dependents.

As a result of recent collective bargaining, the Board of Trustees is pleased to announce that effective for dates of service on and after April 1, 2012, participants with Fund medical coverage have one year from the date of service to file a claim. Any medical claim incurred on or after April 1, 2012 will be subject to this timeframe.

Also, you now have 45 days from the post mark date on a request from the Fund for additional information to return the information to the Fund office. Previously, this timeframe was 30 days.

**FELRA & UFCW Active Health & Welfare Plan  
FELRA & UFCW Retiree Health & Welfare Plan**

**• Effective April 2, 2012, Medco Health Solutions, Inc. (“Medco”) merged with Express Scripts.**

Your prescription benefits remain the same. Continue to use your Medco prescription card at the same pharmacies as before. Remember, you will receive the best discounts if you use a Giant or Safeway pharmacy. CVS, Wal-Mart, Rite Aid and Walgreens pharmacies are not part of the Fund’s pharmacy network. For additional information about participating pharmacies, call (800) 903-8325. You can also log on to Medco’s website at [www.medco.com](http://www.medco.com) and click “Locate a pharmacy.”

**Mid-Atlantic UFCW & Participating Employers Pension Fund**

- **Effective January 1, 2013** there is a new pension Fund called the Mid-Atlantic UFCW & Participating Employers Pension Fund (“Mid-Atlantic Fund”). Participants under the FELRA & UFCW Pension Fund who are employed by Giant or Safeway are now participants under the Mid-Atlantic Fund.

**FELRA & UFCW Pension Fund**

*The following Notice applies to participants in the FELRA and UFCW Pension Fund who currently are employed by Giant or Safeway.*

As required by Section 204(h) of the Employee Retirement Income Security Act, this Notice informs you that, after December 31, 2012, you will stop earning pension benefits

under the Food Employers Labor Relations Association and United Food and Commercial Workers Pension Fund (“FELRA Pension Fund”) and will begin earning pension benefits under the Mid-Atlantic UFCW & Participating Employers Pension Fund (“Mid-Atlantic Pension Fund”) for covered employment performed on and after January 1, 2013. This document modifies the Food Employers Labor Relations Association and United Food and Commercial Workers Pension Plan document (“FELRA Pension Plan”), as reflected in your Summary Plan Description (“SPD”). Please keep this document with your SPD.

**This change went into effect on January 1, 2013 and does not affect or reduce the benefits you accrued under the FELRA Pension Fund as of December 31, 2012. Effective January 1, 2013, you began to accrue future Benefit Service under the Mid-Atlantic Pension Fund, with the same benefits as were previously applicable to you under the FELRA Pension Fund.**

Prior to this change, your pension benefit under the FELRA Pension Plan were calculated by multiplying your total months of Benefit Service by the applicable benefit rate, determined based on your Employer and job classification. Effective for hours worked in Covered Employment for an Employer after December 31, 2012, your benefit rate under the FELRA Pension Fund is \$0, and thus your benefit under the FELRA Pension Fund will not increase after December 31, 2012. However, you began to earn benefits under the Mid-Atlantic Pension Fund at that time.

While you will not earn any benefits under the FELRA Pension Fund after December 31, 2012, your Covered Employment with Giant or Safeway on and after January 1, 2013 still will be taken into account in determining your vesting and eligibility for retirement and/or disability benefits under the FELRA Pension Fund.

**The following examples illustrate the change described in this Notice:**

**Example 1:** Larry is employed by Giant and is a participant in the FELRA Pension Fund. Giant began contributing to the FELRA Pension Fund on Larry’s behalf, under its applicable collective bargaining agreement, on January 1, 1988. Larry will retire on December 31, 2015 at age 67. The benefit rate applicable to Larry under the FELRA Pension Fund is \$25.00.

**A. Before the change,** Larry would have had 28 years of benefit service under the FELRA Pension Fund at the time of his retirement. Consequently, he would have received a monthly benefit of \$700 (\$25.00 per year of benefit service x 28 years of benefit service), adjusted based on the form of benefit he chose at retirement.

**B. After the change,** Larry's benefit service under the FELRA Pension Fund ceased as of December 31, 2012, when he has 25 years of total service. Consequently, the monthly benefit he receives from the FELRA Pension Fund upon his retirement in 2015 will be \$625 (\$25.00 per year of benefit service x 25 years of benefit service). However, this amount does not include the benefits Larry will earn under the Mid-Atlantic Pension Fund between January 1, 2013 and his retirement on December 31, 2015. Effective January 1, 2013, Larry began accruing benefit service under the Mid-Atlantic Pension Fund at the same \$25 rate under which he previously accrued service in the FELRA Pension Fund. Thus, upon his retirement in 2015, he will receive \$75 (\$25.00 per year of benefit service x 3 years of benefit service) under the Mid-Atlantic Pension Fund, for a total monthly benefit of \$700. His total monthly benefit at retirement will not be affected by the change.

**Example 2:** Susan is employed by Safeway and is a participant in the FELRA Pension Fund. Safeway began contributing to the FELRA Pension Fund on Susan's behalf, under its applicable collective bargaining agreement, on January 1, 1996. Susan becomes totally and permanently disabled on December 31, 2014, terminates her covered employment with Safeway on that date, and applies for a disability pension.

**A. Before the change,** Susan would have 19 years of benefit service under the FELRA Pension Fund as of the date she becomes disabled. Because Susan has more than 10 years of benefit service, was disabled upon her termination of covered employment under the FELRA Pension Fund, and meets the other requirements for a disability pension under the FELRA Pension Fund's Plan of benefits, Susan would have been entitled to receive a disability pension from the FELRA Pension Fund, based on her 19 years of benefit service.

**B. After the change,** Susan's benefit service under the FELRA Pension Fund ceased as of December 31, 2012, and Susan will earn benefit service under the Mid-Atlantic Pension Fund from January 1, 2013 through December 31, 2014, the date of her disability. Susan's disability on December 31, 2014 occurs while she is actively employed under the Mid-Atlantic Pension Fund, rather than the FELRA Pension Fund. However, because there is complete reciprocity between the FELRA Pension Fund and the Mid-Atlantic Pension Fund for all purposes under each Plan document, Susan still will be eligible to receive a disability pension from the FELRA Pension Fund, based on her 17 years of benefit service under that Fund. (Susan also will be eligible for a

disability pension under the Mid-Atlantic Pension Fund based on her 2 years of benefit service under that Fund, because Susan's total benefit service under both Funds will be combined to determine her eligibility for benefits under each Fund).

### **Additional Information**

This Notice has been prepared to inform you of a change in your benefit accruals under the FELRA Pension Fund, effective January 1, 2013, and how that change will impact your benefits under the FELRA Pension Fund. If you have any questions about this Notice, you can contact the Fund Office at (410) 683-6500 or (800) 638-2972.

This notice does not cover all details of the FELRA Pension Fund or its operation. It is not intended to be a summary plan description or the basis upon which you make financial decisions. The terms of the FELRA Pension Plan govern all benefits and eligibility under the FELRA Pension Fund. In the event of any discrepancy between this notice and the Pension Plan document, the Pension Plan document always will govern. In addition, the Board of Trustees of the FELRA Pension Fund reserves the right to amend or terminate the Plan at any time, subject to the applicable collective bargaining agreements.

### **UFCW & FELRA Severance Fund**

- **Effective July 18, 2012, expanded definition of Beneficiary for Severance Benefit.** The Board of Trustees of the Food Employers Labor Relations Association and United Food and Commercial Workers Health and Welfare Fund ("Fund") has adopted the following change to the United Food and Commercial Workers and Food Employers Labor Relations Association Severance Plan, a program of the Fund. Please keep this document with your Summary Plan Description ("SPD") booklet.

The definition of "Beneficiary" on page 4 of this SPD is deleted and replaced with the following:

"Beneficiary means a person or an entity you designate who may become entitled to receive a benefit on your behalf under the terms of the Plan."

### **UFCW & FELRA Legal Fund**

No changes.

### **UFCW & FELRA Scholarship Fund**

No changes.

# RIFs Are Being Sent. Complete And Return Promptly.

Within the next few months, the Fund office will send all retirees a Retiree Information Form (RIF) to be completed and returned to the Fund office. The form is required by the Board of Trustees and asks questions about your current address, your beneficiary, whether you and/or your spouse have other health coverage, and whether you are employed.

## Even if you completed this form last year, you still must complete and return this year's RIF.

It is very important that the retiree complete all sections of this form and promptly send it back to the Fund office. If we don't receive your RIF, your benefits may be suspended until

it is received. To assist you, the Fund office will include a postage-paid, return envelope with the first mailing.

### Helpful Reminders

- Let us know if you have a new telephone number. ***This is very important if we have to contact you.***
- Do not attach checks or claims to the RIF.
- Report any earnings from all employers.
- Let us know if you or your spouse have other health coverage.
- Be sure to sign the RIF.

**NOTE:** If you are changing your beneficiary or tax deduction, please call the Fund office. We will send you the necessary form to be completed and returned to the Fund office. No changes will be made until the proper form is completed.

**No one but the Retiree can sign the RIF, unless an individual holds a Power of Attorney for the Retiree.** A copy of any such Power of Attorney must be on file with the Fund office. If, for health reasons, the Retiree is unable to sign the form and there is no Power of Attorney on file, then the Retiree must sign an "X" on the RIF and have it notarized by a Notary Public.

