

**United Food and Commercial Workers Unions
and Participating Employers
Health and Welfare Fund**

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Dear Shoppers Plan JSS2 Part Time Participant:

From now until December 27th is open enrollment for your health coverage through the UFCW Unions & Participating Employers Health and Welfare Fund. ***Our records indicate you are not currently enrolled.***

The cost for coverage is **\$5 per week** for single coverage, **\$10 per week** for the participant plus one dependent, and **\$15 per week** for family coverage (participant plus two or more dependents), payable via payroll deduction.

There will be an additional \$20 per week surcharge if you elect coverage under the Fund for your spouse and your spouse is also eligible under his/her own employer's health plan. This surcharge will apply even if your spouse has not elected to participate in that other coverage.

If your dependent has other coverage in effect, he/she is not eligible for coverage under the Fund. For example, if your spouse/child has group dental under another plan, he/she could enroll with the Fund for medical and optical, but not for dental coverage.

Important Information about Dependent Coverage

The Fund will use the "non-duplication" Coordination of Benefits ("COB") rule. This means that any secondary payment will be determined by calculating primary payment, subtracting it from what the Fund's payment would have been, and paying the remaining amount, if any.

Example: *If an enrolled spouse's plan's payment for a certain charge would be 70% and the payment under the Fund would be 80%, the Fund would pay 10% as a secondary benefit for that spouse. However, if the spouse's plan paid 80% and the Fund's plan would also pay 80%, no additional payment would be made by the Fund as the secondary payer.*

Prior to enrolling a dependent for secondary coverage under this Fund, it may be worthwhile to review the benefits that would be paid under the primary plan.

I Want Coverage. How Do I Enroll?

Complete the enclosed payroll deduction form and return it to the Fund Office via mailing address, fax, or email address shown below:

Mail to: Fund Office
911 Ridgebrook Road
Sparks, MD 21152-9451
Attn: Shoppers Enrollment

Fax: (410) 683-7792

Email: enroll@associated-admin.com

If you email your forms, please use only the last four digits of your Social Security Number to ensure privacy.

VERY IMPORTANT! SIGN and return the payroll deduction form by December 27th for coverage effective January 1, 2018. If you don't enroll at this time, you will not have another opportunity until open enrollment next year (fall of 2018) for coverage effective January of 2019.

General information about your Plan may be found on the Fund Office website. Go to www.associated-admin.com. Click on "Your Benefits," then "UFCW Unions & Partic Emps Health and Welfare Fund" to see information about your Plan or refer to the enclosed Summary of Benefits and Coverage ("SBC").

Sincerely,
Fund Office

Enclosures