

Pipe Fitters Local No. 533 Health and Welfare Plan

8600 Hillcrest Road, Suite A | Kansas City, Missouri 64138 | (p) 816.361.0206 | (f) 816.444.4275

ENROLLMENT FORM

Directions: Complete this Enrollment Form and return it to the Fund Office. You must submit the following items to the Fund Office with this Enrollment Form, if you have not previously provided them to the Fund Office (as applicable):

- If you are married and your spouse was employed on January 1, 2017, you must include the Employed Spouse Coverage Affidavit if your spouse is not already enrolled in Qualifying Health Coverage through his or her employer.
- *If you or your Dependent(s) have other group medical coverage, you must include a photocopy of the front and back of the I.D. card for the other coverage. If your other coverage is Medicare, please complete the backside of this form.
- If you are married, you must include a copy of your Marriage Certificate.
- If you are enrolling a Dependent child(s), you must include a copy of the child's birth certificate, adoption papers, or court order for custody and support or maintenance (as applicable).

PIPE FITTER INFORMATION:

Pipe Fitter Name:	Social Security Number:
Date of Birth:	Phone Number:
Address:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
	Date of Marriage or Divorce:
Do you have other health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please attach copy of other insurance ID card(s) If your other coverage is Medicare, please complete the backside of this form.	

SPOUSE INFORMATION:

Make sure you fill out all of the information for your spouse.

Spouse's Name	Date of Birth	Social Security Number	Sex	Do they have other insurance?	Coverage Type	Employer/Other Insurance*
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical/Rx <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/>	

Was your Spouse employed on January 1, 2017? Yes No

- If the answer is Yes and your spouse is already enrolled in Qualifying Health Coverage through their employer, skip the next section and proceed to the Dependent Child Information section.
- If the answer is Yes and your spouse is **NOT** enrolled in Qualifying Health Coverage through their employer, you **must** complete the Employed Spouse Coverage Affidavit and complete the below section.
- If the answer is No, skip the next section and proceed to the Dependent Child Information section.

Does your Employed Spouse Coverage Affidavit reflect your spouse is eligible for Qualifying Health Coverage as of March 31, 2017? (if this question is not applicable, proceed to the Dependent Child Information section)

- Yes, my spouse has Qualifying Health Coverage available from his/her employer as of March 31, 2017, and my spouse **will enroll** in such coverage by April 1, 2017.
- Yes, my spouse has Qualifying Health Coverage available from his/her employer as of March 31, 2017, but my spouse **will not enroll** in such coverage by April 1, 2017. I understand that at 11:59 p.m. on March 31, 2017 my spouse will no longer have coverage from the Pipe Fitters Local No. 533 Health and Welfare Fund
- No, my employed spouse does not have Qualifying Health Coverage available from his/her employer as of March 31, 2017.

DEPENDENT CHILD INFORMATION:

Make sure you fill out all of the information for each Dependent child that is eligible for coverage from the Plan. It is extremely important that you list each of your Dependent children that is **under the age of 26**. If you have more than five eligible Dependent children, attach a separate sheet of paper to this Enrollment Form that includes information regarding those additional Dependent children.

Dependent's Name	Relationship	Date of Birth	Social Security Number	Sex	Do they have other insurance?	Coverage Type	Employer/Other Insurance*
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical/Rx <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical/Rx <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical/Rx <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical/Rx <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical/Rx <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/>	

(YOU MUST COMPLETE THE BACKSIDE OF THIS FORM)

*If your Spouse or your Dependent(s) have other group medical coverage, you must include a photocopy of the front and back of the I.D. card for the other coverage. If your other coverage is Medicare, please complete the below section of this form.

The following is extremely important information. Please read this language carefully and then sign and date this Enrollment Form and return it to the Fund Office. If you are married, both you and your spouse must sign and date this Enrollment Form.

I hereby certify that all information on provided on this Enrollment Form is correct to the best of my knowledge. I understand that if this information changes, it is my responsibility to notify the Fund Office immediately. I also understand that I will be required to reimburse the Plan for any payments made as a result of my failure to notify the Fund Office of a change in the information provided on this Enrollment Form.

Participant's Signature

Date of Signature

Spouse's Signature

Date of Signature

Medicare Information Including Medicare Part D – Prescription Drug Program (If applicable, complete this section)

Your Name: _____ **Date of Birth** ____ / ____ / ____ **Medicare HIC #:** _____

Effective Date: Part A: ____ / ____ / ____ Part B: ____ / ____ / ____ Part D: ____ / ____ / ____

Do you have Medicare due to End-stage renal disease? Yes No If Yes, Effective Date: ____ / ____ / ____

Spouse's Name: _____ **Date of Birth** ____ / ____ / ____ **Medicare HIC #:** _____

Effective Date: Part A: ____ / ____ / ____ Part B: ____ / ____ / ____ Part D: ____ / ____ / ____

Do you have Medicare due to End-stage renal disease? Yes No If Yes, Effective Date: ____ / ____ / ____

Other's Name: _____ **Date of Birth** ____ / ____ / ____ **Medicare HIC #:** _____

Effective Date: Part A: ____ / ____ / ____ Part B: ____ / ____ / ____ Part D: ____ / ____ / ____

Do you have Medicare due to End-stage renal disease? Yes No If Yes, Effective Date: ____ / ____ / ____

Life-Changing Events

When you get married, provide the Fund Office with:

- A copy of your marriage certificate
- Your spouse's date of birth
- A copy of your spouse's medical insurance information, if he or she is covered under another plan

If you add a child, provide the Fund Office with:

- A copy of the child's birth certificate, adoption papers, or court order for custody and support or maintenance (as applicable)
- A copy of your child's other medical insurance information, if he or she is covered under another plan

If you get legally separated or divorced, provide the Fund Office with:

- A copy of your separation or divorce decree
- A copy of any QDRO
- If you have children for whom you do not have custody, a copy of any QMCSO

Life changing events are all subject to the terms of the Pipe Fitters Local No. 533 Health and Welfare Plan Document. If you have any questions regarding enrollment, please see your Summary Plan Description or contact the Fund Office.

Pipe Fitters Local No. 533 Health and Welfare Plan

8600 Hillcrest Road, Suite A | Kansas City, Missouri 64138 | (p) 816.361.0206 | (f) 816.444.4275

Employed Spouse Coverage Affidavit

Important: please ensure this form is fully completed.

Your response, or lack of response, will impact your spouse's health care coverage.

SECTION I: Pipefitter and Spouse Information

Pipe Fitter Name:	Full Name of Spouse:
Pipe Fitter Date of Birth:	Phone Number:
Address:	

SECTION II: Employer Certification of Spouse's Health Insurance Coverage

NOTE: this section must be completed in full by your Spouse's employer

- Does your company/organization offer health insurance to your employees that is designed to satisfy minimum essential health coverage requirements under the Affordable Care Act?
 Yes No *If the answer to #1 is yes, please proceed to #2. If no, please go to #5.*
- As of March 31, 2017, is the Spouse named above eligible for your company/organization's health insurance coverage?
 Yes No *If the answer to #2 is yes, please proceed to #4. If no, please go to #3.*
- Why is the Spouse named above not eligible for your company/organization's health insurance coverage as of March 31, 2017?
 The Spouse is not a full time employee and company health insurance coverage is not offered to part-time employees. *(if checked, proceed to #5)*
 The Spouse is in a waiting period. *(if checked, proceed to #5)*
 The Spouse did not enroll during the Open Enrollment Period. *(if checked, proceed to #4)*
 Other: _____ *(if checked, proceed to #4)*
- What is the employee's cost for the least expensive employee-only coverage option available (excluding any voluntary coverage buy ups, e.g. vision, dental, etc.)? \$_____ per _____. *Please complete #5.*
- Employer Information:
Name of employer: _____ Phone: _____
Address of employer: _____

Name of Representative (printed) _____ Title: _____
Signature of Representative: _____ Date: _____

**PIPE FITTERS LOCAL NO. 533
HEALTH AND WELFARE FUND**



BENEFIT ALERT #38

Effective March 31, 2017, the Board of Trustees for the Pipefitters Local No. 533 Health and Welfare Fund (the "533 Plan") has added a Working Spouse Rule to the 533 Plan. The purpose of this Benefit Alert is to explain the Working Spouse Rule. It is extremely important that you read all of the information in this Benefit Alert and keep the Benefit Alert with your Summary Plan Description ("SPD") for future reference.

General Information Regarding the Working Spouse Rule

The Working Spouse Rule is a rule, which provides that if an Eligible Employee's spouse is employed and (s)he has Qualifying Health Coverage available from his or her employer, the spouse is not eligible for coverage from the 533 Plan unless (s)he is enrolled in his or her employer's health plan. The Working Spouse Rule does not apply to spouses of Retirees. The Working Spouse Rule also does not apply to children. The 533 Plan's rules regarding eligibility and coverage for spouses of Retirees and Dependent children have not changed.

The following terms have a specific meaning when they are used in this Benefit Alert:

- The term "**Qualifying Health Coverage**" means an employer-sponsored health plan that provides "minimum value" (as that term is defined by the Affordable Care Act), does not cost the Eligible Employee's spouse more than \$250 a month (i.e. the Eligible Employee's spouse does not have to pay more than \$250 a month for the least expensive coverage option that is available from his or her employer), and is not Exempt Coverage (as that term is defined below).
- The term "**Exempt Coverage**" means any of the following:
 - COBRA coverage;
 - Coverage that does not provide medical or prescription drug benefits (e.g. a dental plan or a vision plan); or
 - Coverage that does not permit another health plan to pay benefits on a secondary basis (i.e. coverage that is not available to an Eligible Employee's spouse if the Eligible Employee's spouse has secondary coverage from another health plan).*

*If the employer-sponsored coverage available to an Eligible Employee's spouse is a high-deductible health plan ("HDHP") combined with a Health Savings Account ("HSA"), the coverage is **NOT** considered Exempt Coverage. This means that if the employer-sponsored coverage available to an Eligible Employee's spouse is a HDHP combined with a HSA, the spouse is not eligible for coverage from the 533 Plan unless (s)he is enrolled in his or her employer's HDHP. If the Eligible Employee's Spouse is enrolled in his or her employer's HDHP, (s)he is eligible for coverage from the 533 Plan regardless of whether or not (s)he makes or receives employer and/or

employer contributions to the HSA. For more details about HSAs, refer to the Section titled "Important Information about Health Savings Accounts ("HSAs")" found on page 7 of this Benefit Alert.

- The term "**Special Enrollment Period**" means a period that an employer is legally required to permit an employee to enroll in the employer's health plan. An employee is entitled to a Special Enrollment Period under the following circumstances:
 - If an employee had coverage under another group health plan and the employee lost eligibility for the other coverage, the employee is entitled to a 30-day Special Enrollment Period. This means that if an Eligible Employee's spouse is employed and covered by the 533 Plan in January, February and March of a calendar year, the spouse is entitled to a 30-day Special Enrollment Period that begins on March 31 of that year. In other words, the Participant's spouse's employer is legally required to allow the Participant's spouse to enroll in the employer's health plan during the period of March 31 through April 29 regardless of the date of the employer's typical enrollment period. This is because the spouse will lose coverage from the 533 Plan on March 31 unless (s)he is enrolled in his or her employer's health plan.
 - If an employee gets married, the employee is entitled to a 30-day Special Enrollment Period. This means that if an Eligible Employee's spouse is employed on the date that (s)he gets married, the spouse is entitled to a 30-day Special Enrollment Period that begins on the date of his or her marriage. In other words, the Eligible Employee's spouse's employer is legally required to allow the Eligible Employee's spouse to enroll in the employer's health plan during the 30-day period that begins on the date that the Eligible Employee's spouse got married regardless of the date of the employer's typical enrollment period.

Details Regarding the Working Spouse Rule

As explained in (a) and (b) below, the date that the Working Spouse Rule applies to the spouse of an Eligible Employee depends on whether or not the spouse is married to the Eligible Employee on January 1 of the calendar year.

a. Working Spouse Rule for the Spouse of an Eligible Employee that is Married to the Eligible Employee on January 1 of a Calendar Year

If on January 1 of a calendar year, an Eligible Employee is married to a spouse that is employed **and** on March 31 of the same calendar year the Eligible Employee's spouse has Qualifying Health Coverage available from his or her employer, then effective March 31 of that year, the spouse is not eligible for coverage from the 533 Plan unless (s)he is enrolled in his or her employer's health plan.

This means that if you are an Eligible Employee on January 1 of a calendar year, the following rules will apply to your spouse if (s)he is employed on January 1 of a calendar year and (s)he has Qualifying Health Coverage available from his or her employer on March 31 of that year:

- **If your spouse is enrolled in his or her employer's health plan on March 31 of that year, the 533 Plan will provide secondary coverage to your spouse in accordance with the coordination of benefits rules on pages 39-41 of your SPD.** If your spouse subsequently loses eligibility for Qualifying Health Coverage from his or her employer and you submit a new enrollment form to the Fund Office, the 533 Plan will provide primary coverage to your spouse on the date that your spouse's coverage from his or her employer's health plan was terminated.
- **If your spouse is not enrolled in his or her employer's health plan on March 31 of that year, your spouse's coverage from the 533 Plan will terminate at 11:59 p.m. on March 31.** Your spouse may have his or her coverage from the 533 Plan reinstated in accordance with the following rules:
 - **If your spouse is enrolled in his or her employer's health plan on April 1 of that year, your spouse will regain coverage from the 533 Plan on April 1.** If you submit an enrollment form to the Fund Office prior to March 31 of the calendar year, which indicates that your spouse will have coverage from his or her employer's health plan effective on April 1 of that year then your spouse will automatically become covered by the 533 Plan on April 1 (i.e. you do not have to submit a new enrollment form to the Fund Office for your spouse to have coverage on April 1). This means that if your spouse does not have coverage from his or her employer's plan on March 31 of a calendar year but your spouse will have coverage from his or her employer's health plan on April 1 of that year, then your spouse will lose coverage from the 533 Plan at 11:59 p.m. on March 31 and become covered by the 533 Plan again at 12:00 a.m. on April 1.
 - **If your spouse is not enrolled in his or her employer's health plan on April 1 of that year and your spouse subsequently enrolls in his or her employer's health plan, you must submit a new enrollment form to the Fund Office.** If your new enrollment form is postmarked or otherwise positively received by the Fund Office within 90 days after the date that your spouse became covered by his or her employer's health plan, your spouse will become covered by the 533 Plan on the same date that your spouse became covered by his or her employer's health plan. If your new enrollment form is not postmarked or otherwise positively received by the Fund Office within 90 days after the date that your spouse became covered by his or her employer's health plan, your spouse will become covered by the 533 Plan on the first day of the month following the date that your new enrollment form was postmarked or otherwise positively received by the Fund Office.
 - **If your spouse is no longer eligible for Qualifying Health Coverage from his or her employer, you must submit an enrollment form to the Fund Office.** If your spouse lost eligibility for Qualifying Health Coverage from his or her employer, you must submit a new enrollment form to the Fund Office. If your new

enrollment form is postmarked or otherwise positively received by the Fund Office within 90 days after the date that your spouse was no longer eligible for Qualifying Health Coverage from his or her employer, your spouse will become covered by the 533 Plan on the same date that your spouse was no longer eligible for Qualifying Health Coverage. If your new enrollment form is not postmarked or otherwise positively received by the Fund Office within 90 days after the date that your spouse was no longer eligible for Qualifying Health Coverage from his or her employer, your spouse will become covered by the 533 Plan on the first day of the month following the date that your new enrollment form was postmarked or otherwise positively received by the Fund Office.

If your spouse loses eligibility for Qualifying Health Coverage during a calendar year, the Working Spouse Rule will not apply to your spouse for the remainder of that calendar year. This means that if your spouse loses eligibility for Qualifying Health Coverage during a calendar year, and you submit a new enrollment form to the Fund Office, your spouse will have coverage from the 533 Plan for the rest of that year regardless of whether or not your spouse subsequently becomes eligible for Qualifying Health Coverage (see example #3 on page 9 of this Benefit Alert).

The rules in this Section only apply if you are covered by the 533 Plan as an Eligible Employee on January 1 of a calendar year. If you are not covered by the 533 Plan on January 1 of a calendar year, these rules do not apply to your spouse during that year. This means that if you are not covered by the 533 Plan on January 1 of a calendar year, then your spouse's eligibility for coverage from the 533 Plan during that calendar year will not depend on whether or not your spouse is enrolled in Qualifying Health Coverage that is available from his or her employer.

IMPORTANT INFORMATION: If your spouse is employed on January 1 of a calendar year and your spouse is eligible for, but not enrolled in, his or her employer's health plan prior to March 31 of that year, your spouse is entitled to a 30-day Special Enrollment Period that begins on March 31 of that year. This means that your spouse's employer is legally required to allow your spouse to enroll in the employer's health plan during the period of March 31 through April 29 of that year regardless of the date of the employer's typical open enrollment period. It is extremely important for your spouse to enroll in his or her employer's health plan during this Special Enrollment Period.

NOTE: It is extremely important for your spouse to submit enrollment paperwork to his or her employer as soon as possible. This is because your spouse's employer might not allow your spouse to become covered by the employer's health plan until the first day of the month following the date that the employer receives your spouse's enrollment paperwork. For example, if your spouse submits enrollment paperwork to his or her employer on April 3, 2017, your spouse's employer might not allow your spouse to become covered by the employer's health plan until May 1, 2017. If this occurs, your spouse would not have coverage from his or her employer's plan or the 533 Plan during the period of March 31, 2017 through April 30, 2017.

b. Working Spouse Rule for the Spouse of an Eligible Employee that is not Married to the Eligible Employee on January 1 of a Calendar Year

If an Eligible Employee gets married after January 1 of a calendar year (i.e. if an Eligible Employee gets married between January 2 and December 31 of a calendar year), and on the date of the Eligible Employee's marriage the Eligible Employee's spouse is employed and has Qualifying Health Coverage available from his or her employer, then the Eligible Employee's spouse is not eligible for coverage from the 533 Plan unless (s)he is enrolled in his or her employer's health plan.

This means that if you are an Eligible Employee and after January 1 of a calendar year you get married to a spouse who has Qualifying Health Coverage available from his or her employer on the date of your marriage, the following rules will apply:

- **If your spouse is enrolled in his or her employer's health plan on the date of your marriage and an enrollment form for your spouse is postmarked or otherwise positively received by the Fund Office within 90 days after the date of your marriage, the 533 Plan will provide secondary coverage to your spouse effective on the date of your marriage in accordance with the coordination of benefits rules on pages 39-41 of your SPD. If your spouse subsequently loses eligibility for Qualifying Health Coverage from his or her employer, the 533 Plan will provide primary coverage to your spouse on the date that your spouse's coverage from his or her employer's health plan was terminated.**
- **If your spouse is not enrolled in his or her employer's health plan on the date of your marriage or an enrollment form for your spouse is not postmarked or otherwise positively received by the Fund Office within 90 days after the date of your marriage, your spouse will not have coverage from the 533 Plan on the date of your marriage. Your spouse may subsequently become covered by the 533 Plan in accordance with the following rules:**
 - **If your spouse is enrolled in his or her employer's health plan on the date of your marriage, but an enrollment form for your spouse is not postmarked or otherwise positively received by the Fund Office within 90 days after the date of your marriage,**

the Plan will provide secondary coverage to your spouse on the first day of the month following the date that an enrollment form for your spouse was postmarked or otherwise positively received by the Fund Office.

- **If your spouse is not enrolled in his or her employer's health plan on the date of your marriage and your spouse subsequently enrolls in his or her employer's health plan, you must submit an enrollment form to the Fund Office.** The 533 Plan will provide secondary coverage to your spouse on the first day of the month following the date that your spouse is enrolled in his or her employer's health plan and an enrollment form regarding that coverage was postmarked or otherwise positively received by the Fund Office.
- **If your spouse is no longer eligible for Qualifying Health Coverage from his or her employer, you must submit an enrollment form to the Fund Office.** If your spouse lost eligibility for Qualifying Health Coverage from his or her employer within 90 days after the date of your marriage and an enrollment form regarding the loss of eligibility for Qualifying Health Coverage was postmarked or otherwise positively received by the Fund Office within 90 days after the date of your marriage, your spouse will become covered by the 533 Plan on the date that (s)he was no longer eligible for Qualifying Health Coverage from his or her employer. If your spouse did not lose eligibility for Qualifying Health Coverage from his or her employer within 90 days after the date of your marriage or an enrollment form regarding the loss of eligibility for Qualifying Health Coverage was not postmarked or otherwise positively received by the Fund Office within 90 days after the date of your marriage, your spouse will become covered by the 533 Plan on the first day of the month following the date that the enrollment form regarding the loss of other coverage was postmarked or otherwise positively received by the Fund Office.

If your spouse loses eligibility for Qualifying Health Coverage during a calendar year, the Working Spouse Rule will not apply to your spouse for the remainder of that calendar year. This means that if your spouse loses eligibility for Qualifying Health Coverage during a calendar year and you submit a new enrollment form to the Fund Office, your spouse will have coverage from the 533 Plan for the rest of that year regardless of whether or not your spouse subsequently becomes eligible for Qualifying Health Coverage.

The rules in this Section apply regardless of whether or not you are covered by the 533 Plan as an Eligible Employee on January 1 of a calendar year. This means that if you get married after January 1 and you are covered by the 533 Plan on the date of your marriage, your spouse's eligibility for coverage from the 533 Plan will depend on whether or not your spouse is enrolled in Qualifying Health Coverage that is available from his or her employer. The rules in this Section do

not apply if you are not covered by the 533 Plan on the date of your marriage.

IMPORTANT INFORMATION FOR NEW SPOUSES: If you get married, your spouse is entitled to a 30-day Special Enrollment Period that begins on the date of your marriage. This means that your spouse's employer is legally required to allow your spouse to enroll in the employer's health plan during the 30-day period that begins on the date of your marriage regardless of the date of the employer's typical enrollment period. It is extremely important for your spouse to enroll in his or her employer's health plan during this Special Enrollment Period.

Important Information about Health Savings Accounts ("HSAs")

If you are an Eligible Employee and the employer-sponsored coverage available to your spouse is a HDHP combined with a HSA, Federal Law provides that your spouse is only eligible to receive or make tax-advantaged employer and/or employee contributions to his or her HSA if (s)he is not covered by another health plan. This means that although your spouse is eligible for coverage from the 533 Plan regardless of whether or not (s)he makes or receives employer and/or employee contributions to his or her employer's HSA, your spouse is not allowed to receive tax-advantaged treatment of those contributions if (s)he is covered by the 533 Plan. The result is that your spouse has the following three options:

- Enroll in his or her employer's HDHP, have secondary coverage from the 533 Plan, and avoid the employer's HSA (i.e. do not make or receive HSA contributions);
- Enroll in his or her employer's HDHP, have secondary coverage from the 533 Plan, utilize the HSA and pay taxes (which could include excise taxes) on the HSA contributions; or
- Enroll in his or her employer's HDHP, waive coverage from the 533 Plan, and utilize the employer's HSA on a tax-favored basis. Refer to Benefit Alert 28 for information regarding the 533 Plan's rules for waiving coverage.

NOTE: The information in this Benefit Alert is for the sole purpose of providing you a summary of the laws that govern HSA contributions. This information is not tax advice, and it is not intended to and cannot be used for the purpose of avoiding penalties that may be imposed under the United States federal tax laws or for the purpose of promoting, marketing, or recommending any transaction. The information in this Benefit Alert is based on the laws in effect as of January 1, 2017. These laws are extremely complicated and are subject to change. Although the Fund Office may provide certain general information regarding the tax consequences of HSA contributions, it cannot provide tax advice. For these reasons, you may wish to consult with a professional tax advisor before you determine whether or not your spouse should make and/or receive contributions to his or her employer's HSA.

**** Please see the following pages for examples of the Working Spouse Rule. ****

Examples of the Working Spouse Rule

The following examples illustrate how the Working Spouse Rule works:

Example #1: If an Eligible Employee's spouse, Mary, is employed on January 1, 2017 and on March 31, 2017 she has Qualifying Health Coverage available from her employer and her cost for the least expensive coverage option does not exceed \$250 per month, then Mary's coverage from the 533 Plan **will terminate** at 11:59 p.m. on March 31, 2017 unless Mary is enrolled in her employer's health plan. If Mary is covered by her employer's health plan, she will have secondary coverage from the 533 Plan in accordance with the coordination of benefits rules found on pages 39-41 of your SPD.

Although Mary's employer may offer coverage buy-ups for her spouse (i.e. the 533 Plan Participant) and/or her children, the Working Spouse Rule does not require Mary to elect coverage for her spouse and/or Dependent children, regardless of the cost of such available coverage. Should Mary voluntarily elect to enroll her spouse and/or children in her employer's health plan, the 533 Plan will provide coverage to Mary's spouse and children in accordance with the coordination of benefits rules found on pages 39-41 of your SPD.

Example #2: If an Eligible Employee is covered by the 533 Plan on January 1, 2017, the Participant's spouse, Betty, was not employed as of January 1, 2017, and on June 1, 2017 Betty starts working for a new employer and has Qualifying Health Coverage available from that employer, the Working Spouse Rule would not apply to Betty until 2018 (i.e. Betty will have coverage from the 533 Plan until March 31, 2018 regardless of whether or not she is enrolled in her employer's plan so long as Betty is otherwise eligible for coverage from the 533 Plan). If Betty is still employed on January 1, 2018 and she still has Qualifying Health Coverage available from her employer on March 31, 2018 at a cost that does not exceed \$250 per month for the least expensive coverage option, then Betty's coverage from the 533 Plan **will terminate** at 11:59 p.m. on March 31, 2018 unless Betty is enrolled in her employer's health plan. If Betty is covered by her employer's health plan, she will have secondary coverage from the 533 Plan in accordance with the coordination of benefits rules found on pages 39-41 of your SPD.

Although Betty's employer may offer coverage buy-ups for her spouse (i.e. the 533 Plan Participant) and/or her children, the Working Spouse Rule does not require Betty to elect coverage for her spouse and/or Dependent children, regardless of the cost of such available coverage. Should Betty voluntarily elect to enroll her spouse and/or children in her employer's health plan, the 533 Plan will provide coverage to Betty's spouse and children in accordance with the coordination of benefits rules found on pages 39-41 of your SPD.

Example #3: On January 1, 2017, an Eligible Employee is married and covered by the 533 Plan and his spouse, Justine, is employed by Employer X. On March 31, 2017, Justine has Qualifying Health Coverage available from Employer X. Effective 11:59 p.m. on March 31, 2017, Justine is only eligible for coverage from the 533 Plan if she is enrolled in Employer X's plan. On June 15, 2017, Justine stops working for Employer X. On July 1, 2017, Justine is no longer eligible for Qualifying Health Coverage from Employer X. On July 5, 2017, the Eligible Employee submits a new enrollment form to the 533 Fund Office, which indicates that Justine no longer has Qualifying Health Coverage available from her employer. Effective July 1, 2017, the 533 Plan will provide primary coverage to Justine. If on September 1, 2017 Justine becomes employed by Employer Y, and on October 1, 2017, Justine becomes eligible for Qualifying Health

Coverage from Employer Y, Justine is still eligible for coverage from the 533 Plan until March 31, 2018 regardless of whether or not she is enrolled in Employer Y's health plan so long as Justine is otherwise eligible for coverage from the 533 Plan. If on January 1, 2018, Justine is still employed by Employer Y and on March 31, 2018, Justine still has Qualifying Health Coverage available from Employer Y, then effective at 11:59 p.m. on March 31, 2018, Justine is only eligible for coverage from the 533 Plan if she is enrolled in Employer Y's plan.

Should you have any questions, please contact the Fund Office.

Sincerely,

BOARD OF TRUSTEES
January, 2017