

Teamsters Western Region and New Jersey Health Care Fund

IMPORTANT NOTICE

Regarding Retiree Health Benefits

Did you know that you <u>may forfeit your rights</u> to Retiree Health Benefits with this Trust Fund if you do not submit a written application or deferral <u>within 60 days of your retirement</u>?

AS YOU PREPARE FOR YOUR RETIREMENT...

Please contact the Administrative Office at (855) 215-2039 or

see the reverse side of this notice for important steps to follow when you are ready to retire.

Please note:

The Retiree Health Plan includes Medical, Prescription Drugs, Dental and Vision Benefits. To be eligible, you <u>MUST APPLY WITHIN 60 DAYS</u> of your Pension Effective Date or your Notice of Award (whichever is earlier) and you must also meet certain Eligibility Rules.

Enrollment is not Automatic!

If you do not apply timely, you will forfeit participation.

Administrator: Southwest Service Administrators, Inc.

P.O. Box 43110, Phoenix, AZ 85080-3110 ● Phone: 855-215-2039 ● Fax: 602-324-0555● www.wr177healthcare.com The Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age disability or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-215-2039 (TTY: 855-983-9889). 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電1-855-215-2039 (TTY: 855-983-9889)

Teamsters Western Region & New Jersey Health Care Fund

Retiree Health benefits

Important: There **<u>cannot be a lapse in coverage</u>** between the Active and Retiree Health Plans unless you've requested a One-Time Deferral. Your <u>written Deferral request</u> must include proof of other health coverage and the effective date of such coverage. When you are ready to participate (or re-participate), you must provide proof of other health coverage for the entire deferral period.

Please note that COBRA continuation of benefits can be used to prevent a lapse in coverage but cannot be used to meet service requirements. This is important if your active plan benefits end due to an extended Disability.

- A) Verify that your dependents will continue to be eligible
 - a. Newly acquired Spouses cannot be added after your initial enrollment or deferral.
 - b. Coverage for Dependent children terminates at age 19 or up to age 25, if they are a Full Time Student attending college or an accredited school. Full-Time Student Status must be verified each semester to continue coverage.
- B) Go to www.wr177healthcare.com to review the Summary Plan Description for the Retiree Health Plan to familiarize you and your covered dependents with the Retiree Health Plan benefit schedule.
- C) Go to www.wr177healthcare.com to review the Retiree Self-Pay Rates for the cost of coverage for you and your eligible dependents.

Note: Monthly Self-Pay rates must be received no later than the 15th day of the month prior to the coverage month and the plan will accept (EFT/Direct Payment) from your bank account.

For additional Retiree Health Plan information

Please contact the Administrative Office at (855) 215-2039

Administrator: Southwest Service Administrators, Inc.

P.O. Box 43110, Phoenix, AZ 85080-3110 ● Phone: 855-215-2039 ● Fax: 602-324-0555● www.wr177healthcare.com The Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age disability or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-215-2039 (TTY: 855-983-9889). 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電1-855-215-2039 (TTY: 855-983-9889)