

Puget Sound Electrical Workers Healthcare Trust

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Administered by
Welfare & Pension Administration Service, Inc.

May 30, 2019

**TO: All Active Participants of the
Puget Sound Electrical Workers Healthcare Trust**

RE: Adult Dependent Opt-Out – Effective March 15, 2019

*This is a summary of material modification describing benefit changes adopted by the
Board of Trustees.*

*Please be sure that you and your family read it carefully and keep this document with your
Summary Plan Description Booklet.*

Adult Dependent Opt-Out

If you are an active employee, your adult dependents (age 18 and older) may elect to opt-out of Plan coverage by submitting a signed written request to the Plan. The opt-out will be effective for all claims incurred after the end of the month in which the opt-out notice is received by the Administration Office. The opt-out will apply to all coverage, including medical, prescription drug, life insurance, dental and vision.

Employees may not unilaterally elect to remove an adult dependent without the adult dependent's written consent. A minor child cannot opt-out of Plan coverage and cannot be removed from the Plan by an Active Employee or spouse of an Employee.

An opt-out of Plan coverage is not a COBRA qualifying event and a dependent who opts out will not be eligible for COBRA Continuation Coverage. Additionally, a dependent who opted out of coverage and is not enrolled in the Plan at the time of a participant's COBRA qualifying event will not be eligible to re-enroll or to elect COBRA Continuation Coverage.

Generally, a dependent who opts out of coverage will not be eligible to re-enroll unless the employee or dependent has a special enrollment event. Special enrollment events include: the employee's marriage; the employee has another child through birth; adoption; placement for adoption; or the employee or dependent loses eligibility for other coverage, provided the dependent declined Plan coverage due to other health coverage and the other coverage was disclosed to the Plan's Administration Office when the dependent declined coverage. A request for special enrollment due to a special enrollment event must be made within 30 days of the special enrollment event (marriage, birth, adoption, placement for adoption, or loss of eligibility for other coverage). Re-enrollment will be effective the first day of the month following the month in which the enrollment request is received by the Administration Office, except in the cases of re-enrollment due to birth, adoption or placement for adoption, which will be effective on the date of the event.

When Dependent Coverage Ends

Dependent Coverage ends on the earliest of the following dates:

- For dependents of the dollar bank employees – The last day of the month preceding the month in which the employee’s dollar bank has less than the minimum amount required for a month of eligibility;
- For dependents of associate employees – The last day of the month preceding the month for which the required employer premium payment is not made;
- For both dollar bank and associate employees –
 - The last day of the month in which the dependent no longer meets the definition of an eligible dependent as described in this section;
 - The last day of the month during which the employee dies; or
 - For dependent child life insurance, the day the dependent child reaches age 21.
- The end of the month following receipt of an adult dependent’s notice to opt-out of Plan Coverage.

If you have any questions concerning your eligibility for coverage, you should contact the Administration Office at 1-866-314-4239, option 4, or visit the Trust website at www.psewtrusts.com.

Board of Trustees Puget Sound Electrical Workers Healthcare Trust

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