



## RULES GOVERNING OPTIONAL FAMILY COVERAGE

1. **If you do not elect family coverage at this time, you cannot add your dependent(s) until the next semi-annual open enrollment period (for coverage starting January 1 or July 1). "Late enrollment," which is explained below, is an exception to this rule. (Also see rule No. 7).**
2. **Failure to submit a completed and signed notification form is a rejection of family coverage at this time.**
3. **Your self-payments are due by the first day of the month for which you are purchasing dependent coverage; however, if you make the payment within the 30-day grace period following the first of the month, the payment will be accepted.** Make your payments by check or money order to the NECA/IBEW FAMILY MEDICAL CARE PLAN, 5837 Highway 41 North, Ringgold, GA 30736.

The self-payment amount for family coverage is determined by the Trustees and may be changed at any time.

4. All your family members who meet the Plan's definition of a dependent will be covered by your election and payment for family coverage. You cannot pay to cover other family members who do not qualify for coverage under the terms of the Plan. Your payment will be the same regardless of how many dependents you have. The benefits for which eligible dependents will be eligible are shown on the Plan T Schedule of Benefits.
5. Even if you make the required payments, your dependents will not be eligible for benefits during any period of time during which you (the employee) are not eligible, or the family member does not meet the Plan's definition of a dependent (see your SPD).
6. If you fail to make a correct and timely self-payment, or if you voluntarily stop making self-payments for dependent coverage, your dependents' eligibility will terminate at the end of the last month for which you made a correct payment. Their coverage cannot be reinstated except during the semi-annual open enrollment periods for coverage effective January 1 or July 1. (However, if your job classification changes and you become eligible for another plan provided by the NECA/IBEW Family Medical Care Plan that does not require you to pay for family coverage, your dependents will become eligible under your new plan when you do.)
7. You may add dependent coverage if you acquire a new dependent later (for example, if you get married or have a child). In such case, you must notify the Fund Office within 30 days of acquiring the new dependent. You will also have to complete a dependent coverage election form and submit documentation that the person meets the Plan's definition of a dependent.
8. The following rule may apply if your dependents are covered under another plan at this time.  
*Late Enrollment Rule:* If, on the date you could be eligible under the Plan, your dependent is covered under another group health plan or private health insurance, either as an employee or a dependent, then you can add that family member to your coverage later. You must make application within 30 days of the date the other coverage ends, and must submit written documentation from the other employer or health plan showing the effective date and termination date of the other coverage. You will ONLY be able to add those family members who were covered under the other plan.
9. You are not required to reject family coverage because a dependent has other coverage. The NECA/IBEW Family Medical Care Plan coordinates its benefits with other group plans. (See the Coordination of Benefits rules in the Summary Plan Description booklet for more information).