

International Brotherhood of Electrical Workers Local Union 683

IBEW Local 683 Health and Welfare Trust
IBEW Local 683 Pension Fund Pension Plan Trust Fund
IBEW Local 683 Profit Sharing Annuity Plan
IBEW Local 683 Educational Trust Fund



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FREQUENTLY ASKED QUESTIONS

How are my benefits Funded?

The primary source of financing for the benefits provided under the Health & Welfare Fund and for the expenses of Fund operations is employer contributions.

What are the Fund's eligibility requirements?

Effective June 1, 2018, the Plan's eligibility rules will change from the current eligibility system, which is based on hours of employer contributions that are accumulated during a lookback period of three consecutive months ("Work Month Quarter"), to a new system based on a Dollar Bank. Under the new system, you will become eligible to participate in the Plan on the first day of the second month following the month in which the Fund Office receives employer contributions on your behalf of at least \$1,135 during a period of three consecutive months.

Continuing Eligibility requires one of the following:

Eligibility for coverage continues on a month-by-month basis. As long as you are working in covered employment and have sufficient contributions made on your behalf to cover the monthly cost of coverage, your benefits will continue. For coverage to continue for the next benefit month, you must continue to work in covered employment, and your employer must make sufficient contributions on your behalf in the corresponding work month to cover the monthly cost of coverage. Money is deducted from your Dollar Bank when the employer contributions made on your behalf are not enough to cover the monthly cost of coverage. As of June 1, 2018, the monthly cost of coverage under the Plan is \$1,135.

What do I do if my employer does not remit my fringes?

First, call your employer. There may be a very good reason that the fringes have not been remitted. If your employer cannot explain the reason to your satisfaction, you should contact the Local Union.

How can I add my dependents to the Plan?

Complete a "Yearly Coordination of Benefits Form" and submit copies of marriage or birth certificates.

What do I do when I get divorced?

You must send a copy of your complete divorce decree otherwise coverage will be maintained for your ex-spouse. If the Fund pays for benefits that should not be paid because your spouse no longer meets the definition of a dependent, you will be held responsible. Divorce Decree should be remitted within 30 days.

(continued on next page)

When does coverage stop for my dependent children?

Dependent children are covered through the end of the month in which they turn 26.

The day on which the dependent ceases to qualify as an eligible dependent under the Plan's terms. If a dependent ceases to qualify because of the dependent's attainment of age twenty-six (26), coverage will end on the Dependent's 26th birthday, for Plan Years through May 31, 2015; and the last day of the month in which the Dependent attains age twenty-six (26), for Plan Years beginning on or after June 1, 2015.

Can I continue coverage when I retire?

Yes, provided you meet the retiree requirements for maintaining coverage.

What do I do if I am injured and cannot work?

If you become permanently and totally disabled, or totally (but not permanently) disabled and unable to work in the trade or perform any other gainful employment, your eligibility will be maintained according to the rules on page 18 of the Summary Plan Description.