

### **Special Enrollment Rules**

The Plan does not have a requirement that you specifically enroll in coverage once you become eligible. However, your dependents must be enrolled with the Plan in order to have coverage. If you do not enroll any of the Eligible Dependents upon becoming initially eligible for coverage under this Plan, your Dependents may qualify for the Special Enrollment described in this Section. If you and your Dependents do not meet the Special Enrollment rules, then the Dependent will not become eligible for coverage under this Plan until the date that all of the enrollment forms are completed and claims will not be paid retroactively to the date of their initial eligibility.

If you are eligible for coverage and you acquire a Spouse by marriage or acquire any Dependent Children by birth, adoption or placement for adoption, you may enroll your newly acquired Spouse and/or any Dependent Child no later than thirty-one (31) days after the date of marriage, birth, adoption or placement for adoption. Enrollment forms can be obtained from the Fund Office.

If the completed written enrollment form is submitted on a timely basis, coverage will be effective as follows:

- Ç Your coverage, your Spouse's coverage, and/or the coverage of any of your other Dependent Child(ren), except with respect to coverage of a newborn or newly adopted Dependent Child, will become effective on the date of the event that created the special enrollment opportunity.
- Ç Coverage of a newborn who is enrolled within thirty-one (31) days after birth will become effective as of the date of the child's birth.
- Ç Coverage of a newly adopted Dependent Child who is enrolled within thirty-one (31) days after birth will become effective as of the date of the child's adoption or placement for adoption, whichever occurs first.

If you do not enroll your Spouse for coverage within thirty-one (31) days of the date on which he or she became eligible for coverage, and if you subsequently acquire a Dependent Child by birth, adoption or placement for adoption, you may enroll your Spouse together with your newly acquired Dependent Child no later than thirty-one (31) days after the date of your newly acquired Dependent Child's birth, or placement for adoption. If you decide to enroll other Dependent Children other than the newly born or adopted child under this provision, your coverage for the other Dependent Children will not commence until all of the proper enrollment forms are completed and claims will not be paid retroactively to the date of their initial eligibility.

If your Spouse and Dependent Child(ren) did not enroll for coverage within the thirty-one (31) days after the date of their initial eligibility because they had other health care coverage under any other health insurance policy or program or employer plan, including COBRA Continuation coverage, individual insurance, Medicare, Medicaid or other public program, and your Spouse and/or Dependent Child(ren) cease to be covered under that other health insurance policy or plan, you may enroll your Spouse and/or Dependent Child(ren) within the thirty-one (31) days

after the termination of their coverage under that other health care policy or plan. This applies only if the other coverage terminated because:

- Ç Of loss of eligibility for that other coverage as a result of termination of employment or reduction in the number of hours of employment, or death, divorce or legal separation; or
- Ç Of the termination of employer contributions toward that other coverage; or
- Ç If that other coverage was COBRA Continuation Coverage, the coverage was exhausted.

COBRA Continuation Coverage is exhausted if it ceases for any reason other than either the failure of the individual to pay the applicable COBRA premium on a timely basis, or for cause (such as making a fraudulent claim or an intentional misrepresentation of material fact in connection with that COBRA Continuation Coverage). Exhaustion of COBRA Continuation Coverage can also occur if the coverage ceases:

- Ç Due to the failure of the employer or other responsible entity to remit premiums in a timely basis;
- Ç When the employer or other responsible entity terminates the health care plan and there is no other COBRA Continuation Coverage available to the individual;
- Ç When the individual no longer resides, lives or works in a service area of an HMO or similar program (whether or not by the choice of the individual) and there is no other COBRA Continuation Coverage available to the individual; or
- Ç Because the 18-month or 36-month period of COBRA Continuation Coverage has expired.

However, you may not avail yourself of this opportunity for Special Enrollment for yourself or any Dependent unless, at the time of Initial or Special Enrollment, you indicated in writing that the reason your Spouse and/or Dependent Child(ren) were not enrolled was because they had coverage under another health insurance policy or plan