

IMPORTANT NOTICE
SPECIAL ENROLLMENT RIGHTS UNDER THE
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Trust Fund is hereby notifying you of HIPAA's special enrollment rights. These enrollment rights are applicable if you are a current employee and you initially declined health and welfare coverage under the Plan for you and/or your dependent(s) because you and/or your dependent(s) had other health coverage, if you initially declined health and welfare coverage under the Plan for your dependent(s) for another reason but subsequently obtain other health coverage for them, decline coverage under this Plan again during an open enrollment period for that reason and then lose that other health coverage, or if you add a new dependent(s).* You cannot waive coverage under this Plan for yourself, unless you have other health coverage.

Loss of Coverage

1. You may be eligible to enroll you and/or your eligible dependent(s) (including your spouse) if you and/or your dependent(s) lose their eligibility under the other health coverage, so long as you request enrollment within 30 days after you and/or your dependent(s) coverage ends. (The 30-day enrollment rule is changed to 60 days if you and/or your dependent(s) lose coverage under a Medicaid plan under Title XIX of the Social Security Act (Medicaid) or under a state child health insurance plan under Title XXI of such Act (CHIP).) Coverage will begin no later than the first day of the first calendar month beginning after the date the Trust Fund receives your request for special enrollment subject to #3.
2. If you do not inform the Trust Fund within 30 days (or 60 days, as applicable) of you and/or your dependent(s) coverage ending, you may still enroll you and/or your dependent(s) but you must wait until the Plan's next open enrollment period in November of each year subject to #3. In this situation, the Plan's two-month waiting period will apply.
3. Your employer must also remit the required monthly contributions in accordance with the Plan's eligibility rules and you must substantially complete the Plan's enrollment materials.

Addition of New Dependent

1. If you previously declined coverage for you and/or your dependent(s) and you add a new dependent(s) as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll you and/or your dependent(s) so long as you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. (The 30-day enrollment rule is changed to 60 days if you and/or your dependent(s) lose coverage under Medicaid or a CHIP.) Coverage will begin in the case of marriage, no later than the first day of the first calendar month beginning after the date the Trust Fund receives the request for special enrollment; in the event of birth, adoption or placement for adoption, coverage will begin with the date of birth, adoption or placement for adoptions, respectively, subject to #3.
2. If you do not inform the Trust Fund within 30 days (or 60 days, as applicable) after the marriage, birth, adoption or placement for adoption, you may still enroll you and/or your dependent(s) but you must wait until the Plan's next open enrollment period in November of each year subject to #3. In this situation, the Plan's two-month waiting period will apply.
3. Your employer must also remit the required monthly contributions on behalf of you and/or your dependent(s) in accordance with the Plan's eligibility rules and you must substantially complete the Plan's enrollment materials.

If you have any questions or you want to request special enrollment for you and/or your dependents, please write or call the Trust Fund's Administrative Office at:

Southern California Lumber Industry Welfare Fund
13191 Crossroads Parkway North, Suite 205
City of Industry, CA 91746-3434
(562-463-5080 (800)824-4427

*** Important Note:** Under no circumstances will this Fund offer dependent coverage only. The employee must be a participant in the Plan before his dependents are eligible for coverage. In addition, all existing dependent children must be added to the Plan at the same time, i.e., coverage for only one dependent child is not available if you have more than one.

**WAIVER OF INITIAL COVERAGE
UNDER THE
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

I understand that I am waiving initial coverage in the Southern California Lumber Industry Welfare Fund for myself and/or my eligible dependents, if any, as I/we are currently covered (including COBRA) under another qualifying health benefit plan. I have enclosed proof of our other coverage under that health plan.

The name and address of the entity providing this coverage is _____
The policy or group number is _____.
Phone No. _____

I understand that should I/we lose current coverage under this other qualifying health benefit plan as a result of:

- Termination of employment of the person through whom I/we have coverage
- Termination of the plan of coverage
- Cessation of the employer's (or other third person) contribution towards an employee or dependent coverage
- Legal separation
- Divorce
- Loss of dependent status
- Reduction in hours of employment
- As a covered employee, a court has ordered that coverage be provided for a spouse or minor child
- Exhaustion of COBRA coverage
- Loss of coverage under Medicaid or a CHIP

I/we will be allowed to enroll in the Plan but I must enroll myself and my eligible dependents, if any, within 30 days of the loss or exhaustion of coverage based on any event listed above.* The 30-day enrollment rule is changed to 60 days if you and/or your dependents' coverage lose their coverage under Medicaid or a CHIP. Coverage will begin on the first day of the month following receipt of your request for enrollment. If I do not, I must wait to enroll myself and/or my dependents, if any, until the Plan's next open enrollment period in November of each year. In this circumstance, the effective date of coverage is subject to the Plan's normal two-month waiting period for an employee.** Please note other eligibility requirements (including the payment of the required monthly contribution by my employer) will apply.

*Additionally, if you marry or add a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependents in this Plan, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. You will have 60 days to enroll if, as a result of marriage, birth, adoption or placement for adoption, you and/or your dependent(s) loses coverage under Medicaid or a CHIP. In the case of marriage, coverage will begin on the first date of the next month following receipt of your request for enrollment. In the other instances mentioned, coverage will begin on the date of birth, adoption or placement for adoption.

** You and/or your dependent(s) will also be entitled to Special Enrollment Rights if you initially declined dependent coverage under the Plan for another reason but subsequently obtain coverage under another qualifying health plan for them, decline coverage under this Plan again during an open enrollment period for that reason and then lose that other health coverage as a result of any of the event(s) listed above. You cannot waive coverage in this Plan for yourself, unless you have other health coverage.

This is a waiver of **initial** coverage under HIPAA's special enrollment rules. Waiver of this coverage constitutes a waiver of all coverage's under the Welfare Fund, even if new Plans are adopted. I understand that once I/we have enrolled in the Plan I/we can waive coverage again but different rules may apply.

I have read the special enrollment rights notice and understand the consequences of not enrolling in the Plan when I/we were first eligible.

PLEASE LIST DATA FOR SELF AND ELIGIBLE DEPENDENTS FOR WHOM COVERAGE IS TO BE WAIVED:

EMPLOYEE NAME _____ SS# _____

ADDRESS _____

FULL NAME	SS#	DATE OF BIRTH	RELATIONSHIP

EMPLOYER NAME AND ADDRESS _____

EMPLOYEE SIGNATURE DATE

Important Note: Under no circumstances will this Fund offer dependent coverage only. The employee must be a participant in the Plan before his dependents are eligible for coverage. In addition, all existing dependent children must be added to the Plan at the same time, i.e., coverage for only one dependent child is not available if you have more than one.