



MICHIGAN REGIONAL COUNCIL OF CARPENTERS' FRINGE BENEFIT FUNDS

P.O. Box 4540 • Troy, MI 48099-4540
Telephone: (248) 641-4950 800-572-2525



TO: All Participants in the Michigan Regional Council of Carpenters Employee Benefits Fund

RE: Changes to Definition of Dependent Children, Opportunity to Enroll

With the enactment of the Patient Protection and Affordable Care Act, the restrictions on coverage for dependent children under the Plan have changed. Starting May 1, 2011, certain dependents whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage ended before attainment of age 26 or for other reasons under the Plan, are now eligible to enroll in the Michigan Regional Council of Carpenters Employee Benefits Plan. You may request enrollment for eligible dependents for 30 days from the date of notice. If you have a dependent that may fall under the new definition, please complete the enclosed Questionnaire and return it to the Fund Office, whose address is provided on the Questionnaire. Enrollment will be effective starting May 1, 2011. If you have questions or need more information, please contact the Fund's administrator, Benesys, at 248-641-4950 .

Sincerely,

The Board of Trustees for the
Michigan Regional Council of Carpenters Employee Benefits Fund

*Michigan Regional Council of Carpenters
Employee Benefits Plan
Adult Child Dependent Form
Participant Information*

NAME:	Last 4 digits of SS #:
STREET ADDRESS:	HOME PHONE #:
CITY, STATE, ZIP:	DATE OF BIRTH:

Children whose coverage ended, or who were denied coverage (or were not eligible for coverage) because the availability of dependent coverage of children ended before attainment of age 26 are now eligible to enroll in the Employee Benefits Fund. Participants may request enrollment for such children for the next 30 days from the date you receive this notice by completing the bottom of this form. Enrollment will be effective May 1, 2011. For more information, contact the Fund Office at 248-641-4950.

The participant **must** certify that the adult child being enrolled meets **ALL** of the following criteria (please check the boxes to certify agreement):

1. **The Adult child to be enrolled is currently under 26 years of age; AND**
2. **The Adult Child to be enrolled or re-enrolled is currently my son, daughter, stepchild, adopted child, child placed for adoption, or is a foster child lawfully placed with me by an authorized placement agency or pursuant to court order; AND**
3. **The Adult Child was previously removed from coverage, or was not eligible for coverage, due to age or other previously applicable restrictions under the Plan,**

THE HEALTH CARE FUND'S COVERAGE OF AN ADULT CHILD WILL AUTOMATICALLY END ON THE
LAST DAY OF THE MONTH IN WHICH THAT ADULT CHILD TURNS 26 YEARS OLD.

EFFECTIVE DATE FOR THE ADULT CHILD'S COVERAGE WILL BE MAY 1, 2011

Complete this section to enroll Adult Child for coverage (if applicable). Below is for any Adult Child previously enrolled in the Plan and coverage was terminated. If you need to enroll an Adult Child that has never been added to the plan, we will also need a vital form filled out, which you can obtain by contacting the Fund Office for a vital form to be sent to you.

	Circle Relationship	Adult Child's Name	Birth Date	Last four digits of Social Security #
ADD	Son / Daughter			
ADD	Son / Daughter			
ADD	Son / Daughter			

I have read the information describing the special enrollment opportunity and understand the participation conditions and requirements. By signing below, I certify that: **1)** the information provided above is correct; **2)** All adult child coverage is contingent upon me maintaining my eligibility as defined by the Plan Document; **3)** I will be financially responsible for any claims paid for ineligible adult children if the claims were paid based upon inaccurate or misleading information I have provided above.

Participant's Signature _____ Date _____

Please return this form to:

**MRCC Employee Benefits Fund
P.O.BOX 4540
Troy, Michigan 48099-4540**

THIS SPECIAL ENROLLMENT FORM MUST BE RECEIVED BY THE FUND OFFICE BY MAY 15, 2011