



UA Local 190 Fringe Benefit Funds
P.O. Box 110 • St. Clair Shores, MI 48080
Toll Free Phone (888) 390-7473 Ext. 3 • Fax (734) 424-0974
www.ua190Benefits.org

Dear Member:

Congratulations on your membership into UA Local 190.

In order to better understand the benefits that are available to you, it is important that you carefully read all of the information included. It is equally important that you fully and legibly complete and return all required documents as soon as possible. Any missing information or incomplete forms will delay the processing of enrollment for your benefits.

Enclosed please find the following items in connection with the benefits available under the UA Local 190 Fringe Benefit Plans:

Vital Form -

This form needs to be completely filled out and returned to the Fund office. The front of the form is for the employees personal information and dependent information. The back of the form is for other insurance information. **Both sides of the form must be completed.**

YOU MUST PROVIDE A COPY OF YOUR MARRIAGE CERTIFICATE AND THEIR BIRTH CERTIFICATE TO ADD YOUR SPOUSE AND BIRTH CERTIFICATES TO ADD DEPENDENT CHILDREN.

Dependent letter -

This letter explains what documents you will need to add your spouse, dependent child(ren), stepchild(ren), and/or, adopted child(ren).

Notice of the Privacy Practices (HIPPA) and Authorization Form and Instructions for Authorization Form -

Please read the enclosed HIPPA Privacy notice, which explains your rights, and how and when medical information may be disclosed. You will not receive health care information over the phone for any member of your family other than yourself or your minor child (under age 18), **unless a signed authorization form is on file at the Fund office. Please complete and sign the enclosed Authorization for Release of Protected Health Information form and return it to the Fund Office.**

Summary of Benefits and Coverage-

This is a summary of the medical benefits that are available to you and your dependents, if applicable. Please be aware that if non-participating physician or hospital is used you will spend more money out of pocket.

Prescription Coverage -

Prescription Coverage is provided through BCBS.

Dental Coverage -

Dental benefits provided by Delta Dental.

Vision Coverage -

Vision benefits provided by Davis Vision.

Empower 401K Beneficiary

Designation Form –

Please complete and return all three pages of this form.

Pension Plan Beneficiary-

Please complete and return this form.

Sub Plan Direct Deposit-

Please complete with your banking information and return this form.

IHRA Form-

This is a Healthcare Reimbursement Account form. Contributions are made to an individual health reimbursement account (IHRA). The IHRA is an individual sub-account of the Plan for each member for whom such contributions are made. If you (or one of your dependents, if applicable) have unreimbursed medical, dental, vision or prescription expenses and an existing balance in your IHRA, you may submit this form with proof of such expense for reimbursement from your IHRA. Reimbursement checks will be issued to you on a monthly basis.

Notices of COBRA Continuation Coverage Rights -

Please read this information. This notice contains important information about your rights to COBRA continuation coverage, which is a temporary extension of coverage under the Plan.

Language Assistance- This contains information and a phone number you can call if you need language assistance with these forms.

Participant Website Letter - This letter provides you information about UA local 190 website.

Summary Plan Descriptions - These booklets contain the rules of the Plans (Employee Benefits) and a description of the benefits available to you and your dependents.

MetLife Beneficiary form: Please complete, sign and return this form.

*****IMPORTANT NOTICE*****

**If you have any questions or to receive a Certificate of Creditable coverage
Please contact the Benefit Fund Office by phone at 888-390-7473 Ext. 3 or by mail at
UA Local 190 Fringe Benefits Funds P.O. Box 110 St. Clair Shores, MI 48080**

Private sector employees seeking more information about rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, can contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) at 1-866-444-3272 or visit the EBSA website at www.dol.gov/ebsa. State and local government employees should contact HHS-CMS at www.cms.hhs.gov/COBRAContinuationofCov/ or [NewCobraRights@cms.hhs.gov](mailto>NewCobraRights@cms.hhs.gov).