



SHEET METAL WORKERS LOCAL UNION NO. 7-ZONE 3 BENEFIT FUNDS



P.O. Box 0547
Troy, MI 48099-0547
(248) 641-4973 (800) 451-5733

This enrollment package was sent to you because you are, or will be eligible for health care coverage. 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 your medical and/or dental claims.

Enclosed please find:

Vital Form-

This form needs to be completely filled out and returned to the Fund office. The front of the form is for the employee's personal information, dependent information and beneficiary information. The beneficiary is the person that will receive any death benefits that may be payable upon your death. **You must complete the beneficiary portion of this form or it will be returned to you to be completed.** The back of the form is for other insurance information. Both sides of the form must be completed

Dependent letter -

Explains what documents you will need to add your spouse, dependent child(ren), step child(ren), and/or adopted child(ren). **You must provide a copy of your marriage certificate to add your spouse and birth certificate to add dependent child(ren).**

Age 26 Enrollment Form

This form must be completed and returned if you have dependent children over age 19.

Notice of -(HIPAA) Privacy Practices and Authorization

Please read the enclosed HIPPA Privacy notice, which explains your rights, and how and when medical information may be disclosed. Effective April 2003, you will no longer 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.**

**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.

**Affordable Care Act/
Marketplace Coverage**

This form contains information regarding the Affordable Care Act (“ACA”)

**Blue Cross Blue Shield
Benefit at a Glance -**

This is a list of In-Network and Out-of-Network Blue Cross and Blue Shield benefits. For a Blue Cross participating physician in your area call 1-800-637-2227 or visit the website at www.bcbsm.com.

Your Blue Cross Blue Shield I.D. cards will be ordered upon receipt of your completed Vital Information Form.

Dental Benefits -

Your dental benefits are paid by Sheet Metal Workers Local 7 Zone 3. For details on your benefits, please refer to pages 31-33 in your enclosed Summary Plan Description.

Prescription Benefits -

Envision Rx Options is your prescription carrier. Please refer to pages 27-29 of your enclosed Summary Plan Description for benefits.

To find an Envision participating pharmacy in your area or check your Mail Order status you may visit www.envision.com or call customer service at 800-361-4542. Your mail order prescription coverage is through COSTCO, also included in this package is a COSTCO mail order form and other information.

Summary Plan Descriptions -

This document contains the rules of the Plan and a description of the benefits available to you and your dependents.

It is very important that you read the information regarding COBRA. Please review pages 41 – 43 in your Summary Plan Description to find information in regards to COBRA. This information explains your rights to continue your health care coverage if it is terminated.

Summary of Modifications

An (“SMM”) is a document that you will be mailed each time a change is made to your benefit coverage. Please keep any SMM that you receive with your Summary Plan Description booklet.

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

If you have any questions about your Benefit Coverage or would like to receive a Certificate of Creditable coverage, please contact the Benefits Office at 248-641-4973 or 1-800-451-5733. You can also send a request by mail to: Sheet Metal Workers Local 7 Zone 3 Fringe Benefit Funds, P.O. Box 547, Troy, MI 48099-0547.

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.