

SAGINAW PLUMBERS & PIPEFITTERS U.A. LOCAL NO. 85
FRINGE BENEFIT FUNDS
P.O. Box 1350 ● Troy, MI. 48099-1350
(248) 641-4985 (800) 582-6181

«FIRST_NAME» «MI» «LAST_NAME»
«ADDRESS_1»
«ADDRESS_2»
«CITY», «STATE» «ZIP»

OPEN ENROLLMENT 2026

Dear Participant,

Open Enrollment has begun for the 2026 benefit period. During this time, you have the chance to re-enroll in the coverage (if you are currently not enrolled) or opt out of the coverage you are currently enrolled in. Please see below for your current eligibility status and election.

If you are a non-Medicare retiree, you have coverage under the BCBS PPO plan. If you are a Medicare eligible retiree, the Plan offers coverage in a Medicare Advantage Plan offered through BCBS. These coverage options apply to any eligible spouse or dependent that is currently on your plan.

You are currently enrolled in:

«Description »

If you would like to review the coverage options that are available to you and your family under the Plan; you can obtain the enrollment information by contacting the Benefit Office at (248) 641-4985 or toll free at (800) 582-6181.

If you wish to change your enrollment selection, you must notify the Benefit Office with your choice no later than **December 5, 202**. **If you are happy with your current enrollment option, nothing further is needed.**

Our goal is to provide you with optimum member satisfaction. If you have any questions regarding your healthcare benefits, as always, feel free to contact the Benefit Office at (248) 641-4985 or toll free at (800) 582-6181.

Sincerely,

Eligibility Department
Saginaw Plumbers & Pipefitters U.A. Local No. 85 Fringe Benefit Funds



**SAGINAW PLUMBERS & PIPEFITTERS
U.A. LOCAL NO. 85 FRINGE BENEFIT FUNDS
P.O. Box 1350 • Troy, MI 48099-1350
(248) 641-4985 (800) 582-6181**



To: Active Participants in the Community Blue Program, Non-Medicare Early Retirees, and their Spouses and Dependents in the Saginaw Plumbers & Pipefitters Local 85 Health and Welfare Fund (the "Plan")

Re: Open Enrollment, Annual Notices, and Upcoming Benefit Changes

Date: November 2025

WHAT IS THIS NOTICE ABOUT?

The Board of Trustees is pleased to provide you with the enclosed materials:

- **Summary of Benefits and Coverage (SBC):** Enclosed is the 2026 Summary of Benefits and Coverage (SBC), which outlines several benefits available to you under the Plan. Please share the SBC with your family members who are eligible for coverage under the Plan. The Patient Protection and Affordable Care Act (PPACA) requires that all group health plans provide participants and beneficiaries with the SBC annually. The SBC provides a general description of some of the Plan's benefits and costs. The PPACA requires use of a form template and has strict rules on the format and content of the SBC. For this reason, the SBC does not cover all of the benefits provided by the Plan. We recommend you refer to the Plan's Summary Plan Description (SPD) for a more complete description of the benefits provided by the Plan, as well as the eligibility rules.
- **Annual Open Enrollment:** Enclosed is the annual Open Enrollment Form. If your spouse or dependent child (under age 26) are not currently receiving health coverage under the Plan, you may enroll them during the month of November. If you wish to change your coverage to the prescription drug-only plan, you may also do so this November. To enroll your spouse and/or child for coverage beginning in January 2026 or if you wish to switch to the prescription drug-only plan in January 2026, please complete the enclosed form and return it to the Plan Office no later than November 30, 2025. If the Plan Office does not receive the form by November 30, 2025, your spouse and/or child will not be covered, and you will not be able to change your coverage for 2026. You must then wait until the next open enrollment period in November 2025 to enroll your spouse and/or child or change your coverage in 2026.
- **Protections against Surprise Billing:** As a result of the No Surprises Act (the NSA), you now have protections against "surprise billing" from out-of-network providers in certain circumstances. The intent of the NSA is to provide greater transparency for health plan participants to better understand billing practices and prevent surprise billing (or balance billing) in certain situations. Specifically, the NSA provides that: 1) your cost sharing for out-of-network emergency facilities is to be the same cost-sharing as in-network emergency facilities; 2) if you go to an in-network facility (for either emergency or non-emergency service), your cost-sharing for out-of-network providers within that facility will be no more than your in-network cost sharing amount; and 3) cost-sharing for out-of-network air ambulance services will also be limited to cost-sharing for in-network air ambulance services. The Plan has been updated to reflect these changes. Hospitals and doctors are also required to provide you with notice of your rights and protections under the NSA. If you receive a balance bill after receiving these services covered by the NSA (for example, you are charged the out-of-network cost-sharing for an emergency air ambulance), you may be able to appeal this charge under the Plan's claims and appeals procedures, which are outlined in the Summary Plan Description.
- **Auto & Motorcycle Accidents:** Michigan changed its no-fault auto insurance laws on July 1, 2020, to allow you to

opt-out or buy reduced medical coverage on your auto policy. To opt-out or buy reduced medical coverage on your auto policy, the new law requires you to have medical coverage elsewhere for injuries related to auto accidents. THIS PLAN DOES NOT COVER CLAIMS FOR ANY INJURIES RELATED TO AUTO ACCIDENTS; THEREFORE, YOU ARE NOT ELIGIBLE TO OPT-OUT OR BUY REDUCED MEDICAL COVERAGE ON YOUR AUTO INSURANCE POLICY. For injuries incurred because of a motorcycle accident, this Plan provides coverage only after all other sources of insurance that provide coverage have been fully exhausted, and only for those amounts which were not paid by these other sources of insurance to the extent the claims are otherwise covered by this Plan.

- Injuries related to recreational vehicle accidents (such as quad sports and snowmobiles that are NOT licensed for road use) ARE covered by the Plan. Again, if you incur medical claims because of an accident involving any type of vehicle that CAN be licensed for road use in Michigan (has a license plate or equivalent road use permit), this Plan will NOT cover those medical claims.
 - Be sure that you inform your insurance agent about these coverage exclusions and limitations in your Plan! When you are purchasing no-fault automobile or motorcycle insurance, BE SURE TO INCLUDE MEDICAL COVERAGE IN YOUR AUTOMOBILE AND MOTORCYCLE POLICIES, SO THAT YOU DO NOT RUN THE RISK OF HAVING NO COVERAGE FOR MEDICAL CLAIMS RESULTING FROM AN AUTOMOBILE AND LIMITED COVERAGE FOR MOTORCYCLE ACCIDENT. You may want to take this notice to your insurance agent, when purchasing that coverage, to better explain your current medical coverage to your insurance agent.
- **Women’s Health and Cancer Rights Act Annual Notice.** As required by the Women’s Health and Cancer Rights Act of 1998 (“WHCRA”), the Plan provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Call the Benefits Office at (248) 641-4985 or toll free at (800) 582-6181 for more information.
- **Newborns’ and Mothers’ Health Protection Act** The Newborn’s and Mothers’ Health Protection Act of 1996 (“Newborn’s Act”) is a Federal Law that contains important protections for mothers and their newborn children concerning the length of the hospital stay following childbirth. The Plan may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn child earlier than 48 hours (or 96 hours as applicable). In any case, the Plan may not, under Federal law, require that a provider obtain authorization from the Plan for prescribing a length of stay not in excess of 48 hours (or 96 hours).
- **Optional Life Insurance Enrollment:** The Plan offers optional life insurance through MetLife. If you wish to purchase additional life insurance, you will have to complete the enclosed enrollment form and complete the medical questionnaire, as well as return the enclosed payroll deduction form to the Benefit Office.

Receipt of these documents does not constitute a determination of your eligibility, nor is it a contract. Additional limitations and exclusions may apply. If you have any additional questions about your benefits, please call the Benefit Office at (248) 641-4985 or toll free at (800) 582-6181.

Sincerely Yours,

Board of Trustees
Saginaw Plumbers & Pipefitters Local 85 Health and Welfare Fund

Enclosures:

- 2026 Summary of Benefits and Coverage for Actives and Early Retirees (SBC)
- Open Enrollment Form

Coverage for: Participant, Spouse, Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call (248) 641-4985 or (800) 582-6181. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can call (248) 641-4985 or (800) 582-6181 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$500 person / \$1,000 family (in-network) \$1,000 person / \$2,000 family (out-of-network) Does not apply to preventive care.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1 st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. In-network <u>preventive care</u> , office visits and prescription drugs are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	There are no other specific <u>deductibles</u> .	You don't have to meet specific <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	For in-network providers \$4,000 person / \$8,000 family; for out-of-network providers \$8,000 person / \$16,000 family.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses. There is a separate <u>coinsurance limit</u> of \$2,000 /person and \$4,000 /family (in-network) and \$4,000 /person and \$8,000 /family (out-of-network). that accumulates toward the <u>out-of-pocket limit</u> .
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, self-payments, balance billed charges, dental, vision and health care this plan does not cover.	Even though you may be required to pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.bcbsm.com or call the number on the back of your BCBSM ID card for a list of participating providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay/visit	40% coinsurance after deductible	Online visits with your medical provider will be billed at the \$20 copay rate.
	Specialist visit	\$20 copay/visit	40% coinsurance after deductible	Online visits with your medical provider will be billed at the \$20 copay rate. Chiropractic visits limited to 24 visits per year.
	Preventive care/screening/immunization	No charge	Not Covered	Benefits covered at 100% in-network. Limitations may apply on number of visits.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance after deductible	40% coinsurance after deductible	---none---
	Imaging (CT/PET scans, MRIs)	20% coinsurance after deductible	40% coinsurance after deductible	---none---
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsm.com	Generic drugs	\$10 co-pay for retail 30-day supply; \$20 co-pay for mail order 90-day supply.	\$10 co-pay plus an additional 25% of BCBSM approved amount for the drug.	Mail order drugs not covered out-of-network. Specialty drugs are subject to pre-authorization and are limited to a 30-day supply. Some drugs may be subject to pre-authorization and utilization review. Please call the number on the back of your BCBSM ID card for more information.
	Preferred brand drugs	\$40 co-pay for retail 30-day supply; \$80 co-pay for mail order 90-day supply.	\$40 co-pay plus an additional 25% of BCBSM approved amount for the drug.	Mail order drugs not covered out-of-network. Specialty drugs are subject to pre-authorization and are limited to a 30-day supply. Some drugs may be subject to pre-authorization and utilization review. Please call the number on the back of your BCBSM ID card for more information.
	Non-preferred brand drugs	\$70 co-pay for retail 30-day supply; \$140 co-pay for mail order 90-day supply.	\$70 co-pay plus an additional 25% of BCBSM approved amount for the drug.	Mail order drugs not covered out-of-network. Specialty drugs are subject to pre-authorization and are limited to a 30-day supply. Some drugs may be subject to pre-authorization and utilization review. Please call the number on the back of your BCBSM ID card for more information.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance after deductible	40% coinsurance after deductible	---none---
	Physician/surgeon fees	20% coinsurance after deductible	40% coinsurance after deductible	---none---
If you need immediate medical attention	Emergency room care	\$50 co-pay	\$50 co-pay	Copay is waived for in-patient admissions or accidents
	Emergency medical transportation	20% co-insurance after deductible	30% co-insurance after deductible	---none---
	Urgent care	\$20 co-pay	40% co-insurance after deductible	---none---
	Facility fee (e.g., hospital room)	20% coinsurance after deductible	40% coinsurance after deductible	---none---



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Physician/surgeon fees	20% coinsurance after deductible	40% coinsurance after deductible	---none---
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% coinsurance after deductible	40% coinsurance after deductible	Your cost-share may be different for services performed in an office setting.
	Inpatient services	20% coinsurance after deductible	40% coinsurance after deductible	---none---
If you are pregnant	Office visits	20% coinsurance after deductible (No charge for prenatal and postnatal preventive services required by federal law)	40% coinsurance after deductible	In-network prenatal and postnatal care are provided at no charge as required by federal law. Limitations on number of visits may apply.
	Childbirth/delivery professional services	20% coinsurance after deductible	40% coinsurance after deductible	---none---
	Childbirth/delivery facility services	20% coinsurance after deductible	40% coinsurance after deductible	---none---
If you need help recovering or have other special health needs	Home health care	20% coinsurance after deductible	30% coinsurance after deductible	---none---
	Rehabilitation services	20% coinsurance after deductible	40% coinsurance after deductible	Physical, Occupational, Speech therapy is no longer limited to a maximum of visits per member, per calendar year.
	Habilitation services	Not Covered	Not Covered	---none---
	Skilled nursing care	20% coinsurance after deductible	30% coinsurance after deductible	---none---
	Durable medical equipment	20% coinsurance after deductible	30% coinsurance after deductible	---none---
	Hospice services	No Charge	No Charge	Up to 28 pre-hospice counseling visits before electing hospice; four 90-day periods; only provided only by participating hospice programs.
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Discounted vision services available through the Fund Office. Please call (248) 641-4985 or (800) 582-6181 for more information.
	Children's glasses	Not Covered	Not Covered	Discounted vision services available through the Fund Office. Please call (248) 641-4985 or (800) 582-6181 for more information.
	Children's dental check-up	Not Covered – coverage available under a separate plan.	Not Covered – coverage available under a separate plan.	Dental benefits are provided through Delta Dental. Please call (248) 641-4985 or (800) 582-6181 for more information.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
<ul style="list-style-type: none">• Acupuncture• Infertility treatment• Routine foot care	<ul style="list-style-type: none">• Cosmetic surgery• Long-term care• Weight loss programs	<ul style="list-style-type: none">• Routine eye care
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none">• Bariatric surgery• Chiropractic care• Coverage provided outside the United States. See http://provider.bcbs.com	<ul style="list-style-type: none">• If you also have a balance in your Individual Account Plan (IAP), then you may have access to additional funds to help cover certain out-of-pocket expenses – like the deductible, co-payments, or co-insurance, or benefits not otherwise covered.	<ul style="list-style-type: none">• Hearing aids• Private-duty nursing• Dental Care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the Fund Office at (248) 641-4985 or (800) 582-6181.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al (248) 641-4985.]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa (248) 641-4985.]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 (248) 641-4985.]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' (248) 641-4985.]

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.—————

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1146. The time required to complete this information collection is estimated to average 0.08 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$500
■ Specialist [<i>cost sharing</i>]	\$20
■ Hospital (facility) [<i>cost sharing</i>]	20%
■ Other [<i>cost sharing</i>]	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$60
Coinsurance	\$2,400
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,970

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$500
■ Specialist [<i>cost sharing</i>]	\$20
■ Hospital (facility) [<i>cost sharing</i>]	20%
■ Other [<i>cost sharing</i>]	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$800
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,420

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$500
■ Specialist [<i>cost sharing</i>]	\$20
■ Hospital (facility) [<i>cost sharing</i>]	20%
■ Other [<i>cost sharing</i>]	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$200
Coinsurance	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$400
The total Mia would pay is	\$1,300

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



Enrollment Reminder



Enrollment Reminder

Open Enrollment is Here!

2026 Annual Benefits Enrollment

Scan the QR Code Below to Review your Benefit

Guide: Or you can enter this link into your web browser:

[Saginaw Plumbers & 85 2026 Benefit Guide - Early Retirees-Flipsnack](#)



Scan the QR Code Below to Review your Benefit

Presentation: Or you can enter this link into your web browser:

<https://www.brainshark.com/usi/vu?pi=zHTznxB24zohk6z0>



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Saginaw Plumbers & Pipefitters-Local
85
P.O. Box 1350

Troy, MI 48099-1350

Recipient Name
Recipient Address



Saginaw Plumbers & Pipefitters-
Local 85
P.O. Box 1350

Troy, MI 48099-1350

Recipient Name
Recipient Address

Metropolitan Life Insurance Company

Your life insurance claim kit

On behalf of MetLife, please accept our sincere condolences during this difficult time.

We're here to help

We recognize this may be a challenging time for you. If you have questions, or need help preparing your claim, call us at **1-800-MET-6420 (1-800-638-6420)**. Our Customer Service Center is open Monday through Thursday, 8:00 a.m. to 8:00 p.m. EST, and Friday 8:00 a.m. to 5:00 p.m. EST.

Sincerely,

MetLife
U.S. Life Insurance Claims

State Specific Fraud Warnings – Group Product Claim Forms

Fraud Warnings

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or

deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Kansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon: Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be subject to penalties under state law.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Insured Employee/Member Information

First name	Middle name	Last name
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Employer name

Have you signed a document with a funeral home that authorizes us to make a payment directly to them?
This document is usually referred to as a funeral home assignment.

No Yes – If yes, please send us a copy of the document with this claim form.

SECTION 2: About the deceased

Name (*first, middle, last*)

First	Middle	Last
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Maiden or other names (*if known, optional*)

Residence address (*Street number and name, apartment or suite*)


City	State	ZIP code
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Date of birth (<i>mm/dd/yyyy</i>)	Date of death (<i>mm/dd/yyyy</i>)
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Social Security number	Marital status (<i>check one</i>)
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/widower

SECTION 3: Tell us how you want to receive your claim payment

You will receive a check for your payment

 Please remember to sign and date the form on the next page

Insured Employee/Member Information

First name

Middle name

Last name

Employer name

SECTION 4: Certification and signature

By signing this claim form, you certify that:

- All the information you have given is true and complete to the best of your knowledge.
- Any contributions owed by the insured will be deducted from the insurance proceeds paid to me.
- If we overpay you, we have the right to recover the amount we overpaid. This can happen if we find we've paid you more than you're entitled to under this life insurance claim, or if we paid you when we should have paid someone else. You agree to repay us the amount we overpaid. You also understand that if you do not repay us, we may take steps, including legal action, to recover the overpayment.
- You have read the Claim Fraud Warnings included with this form. **New York residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Under the penalties of perjury I certify:

1. That the number shown as my Social Security Number or Tax Identification Number in "Section 1: About you" above is my correct taxpayer identification number, and
2. That I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen, resident alien, or other U.S. person*, and
4. I am not subject to FATCA reporting because I am a U.S. person* and the account is located within the United States.

(Please note: You must cross out Item 2 above if the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest or dividend income on your tax return.)

**If you are not a U.S. Citizen, a U.S. resident alien or other U.S. person for tax purposes, please cross out items 3 and 4 above, and complete and submit form W-8BEN (individuals) or W-8BEN-E (entities).*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. You must complete this certification to avoid 24% withholding with respect to taxable amounts.



Signature of person making the claim

Date signed (mm/dd/yyyy)

Some services in connection with your claim may be performed by our affiliates, MetLife Global Operations Support Center Private Limited or MetLife Services and Solutions, LLC., unless prohibited by state or local law or by mutual agreement with the group customer. These service arrangements in no way alter Metropolitan Life Insurance Company's obligation to you. Your claim will be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

Insured Employee/Member Information

First name

Middle name

Last name

Employer name

SECTION 5: How to submit this form

5A. Check off the additional items you're sending with this claim form

- A death certificate.** We require a copy of the death certificate. The funeral director taking care of the funeral arrangements can usually provide a copy of the death certificate (*indicating the cause and manner of death*). **We only require one death certificate** – if you're aware of another claimant who's sending one, you don't have to send it.
- If you signed a document with a funeral home that authorizes us to make a payment directly to them, a copy of that document.
- If the beneficiary is the estate and you are a representative of an estate, a copy of the appointment papers issued by the courts.
- If the beneficiary is a trust and you are a trustee, a notarized statement that the trust is still in effect and you are authorized to act under the trust. If you are not the original trustee, a copy of the page naming you as the successor trustee.
- If you are submitting the claim as Power of Attorney for the beneficiary, a copy of the POA papers for the beneficiary must be provided.

5B. Submission instructions

Unless you have been advised of different instructions by the administrator/employer, return this signed claim form and the documents you've checked off above in the envelope included with this package, or mail/fax them to:

Mail:

MetLife Group Life Claims
P.O. Box 6100
Scranton, PA 18505-6100

Fax:

1-570-558-8645

Email:

Lifecclaimssubmit@metlife.com



If faxing, please remember to fax both front and back sides of the signed claim form. Allow two (2) hours for documents to be received.

If emailing, please be advised:

Accepted document types: Word Document, PDF and JPEG.

Maximum single attachment size: 20MB

Maximum email size: 25MB

Encrypted emails cannot be accepted

Please note: Most claims are reviewed within five (5) business days.

We're here to help

If you have questions, or need help preparing your claim, call us at 1-800-MET-6420 (1-800-638-6420), then press 2. Our Customer Service Center is open Monday through Thursday, 8:00 a.m. to 8:00 p.m. EST, and Friday 8:00 a.m. to 5:00 p.m. EST.

About Electronic Stating

MetLife provides electronic stating as a convenience to you. Please review the following terms and conditions carefully before providing (a) your agreement to them, and (b) your consent to receiving electronic statuses.

By agreeing to the terms of this Agreement, you are consenting to receive claims statuses in one or more of the following ways:

1. When a change has been made to your claim, we will send you an email advising you that we have made such a change;

Such e-mails will be sent to the current e-mail address we have on file for you. In addition, we can notify you about the availability of claim statuses by text message (SMS - Short Messaging Service). If you agree to receive notification of the availability of claim status messages by text message, you acknowledge and agree that any charges associated with your receipt of these messages are fully your obligation and are not reimbursable by MetLife or any of its affiliates. There may be other third party costs for Internet access fees or text message (SMS) charges that are not reimbursable by MetLife or any of its affiliates.

We will continue to deliver information in writing to you by U.S. mail.

2. You may withdraw your consent, change your delivery preferences, and update information we need to contact you electronically at any time by replying "stop" to a text message from us or by calling our Customer Service Department.



Virtual Second Opinions By Cleveland Clinic

Direct access to a Cleveland Clinic expert physician for peace of mind

72% of educational opinions uncover potential diagnosis changes or treatment plan modifications

The Clinic 2020 outcomes data, n=417

Through Saginaw Plumbers and Pipefitters Local 85 Health and Welfare Fund, you have access to The Clinic by Cleveland Clinic's Virtual Second Opinions program. The program provides you with easy, secure access to high-quality medical expertise from the comfort of home.

Through this digital health service, you can have your medical diagnosis and treatment plan reviewed by an expert physician at Cleveland Clinic and receive an educational opinion by video consultation and written report in about two weeks.

The Clinic supports you every step of the way. From collecting and reviewing medical records to identifying the best specialist for your needs, the program saves you time, trouble, and travel on your path to peace of mind — **all at no cost to you.**

What is a Virtual Second Opinion?

- A health service to have a diagnosis and treatment plan reviewed by expert physicians at the world-renowned Cleveland Clinic
- Personalized matching with one of 3,500 Cleveland Clinic expert physicians in one of over 550 advanced sub-specialties
- 100% confidential and included in your benefits package at no cost to you

We encourage you to obtain a second opinion if you are:

- Diagnosed with a serious condition
- About to make a major decision about a medical next step, such as surgery
- Considering a treatment that involves risk or has significant consequences
- Dealing with a condition or chronic illness that isn't improving or is getting worse

How it works



Live intake with nurse care manager



Records collection



Records and tests review



Expert physician matching



Expert physician review



Opinion delivered by expert physician

Get a Virtual Second Opinion from Cleveland Clinic today

Scan the QR code to the right or follow the link below to learn more, register, and download the app.

Go to: www.clinicbyclevelandclinic.com/local-85

Once prompted, enter the service key: **LOCAL85**

