

NECA-IBEW WELFARE TRUST FUND

Accelerated Eligibility Request Form

Participant/Dependent Information

Name:	
Address:	
Phone Number:	
Email Address:	
Social Security Number (last 4 digits):	
Local Union Number:	
Spouse's Name (if applicable):	
Dependent Children's names and ages under age 26 (if applicable):	

Employer Information

Employer Name:	
Employer Address:	
Date Started with Employer:	

Previous Insurance Information

Name of Prior Insurance Carrier/Plan: _____

Coverage Type:

- ☐ Group Health Plan;
- ☐ ACA Marketplace Individual Policy or
- ☐ Other. Please describe _____.

Coverage Effective Dates: _____

Did coverage include dependents (if applicable)? ☐ Yes ☐ No

Documentation

Supporting documentation attached (check all that apply):

☐ Certificate of Creditable Coverage

☐ Other (describe): _____.

Participant Certification

I certify that the above information is true and correct to the best of my knowledge. I further agree and understand that:

- The representation in this form and the information and records provided are true and correct to the best of my knowledge.
- I will provide the Benefit Office any additional supporting documentation related to my request, if requested;
- My failure to provide documentation, including additional supporting documentation, may result in the denial of this request.
- The Welfare Fund and its Board of Trustees have the sole discretion to decide regarding my request, subject to the terms of the Welfare Fund's Accelerated Eligibility rules.
- I understand that accelerated eligibility is available only one time and that approval is subject to the terms of the Plan and the sole discretion of the Board of Trustees.
- I acknowledge that I must satisfy all requirements of the Plan's Accelerated Eligibility provisions as set forth in the attached Exhibit A, including maintaining required contribution hours and any applicable self-pay obligations.

Signature of Participant	Date
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Exhibit A

Employees of newly organized employer groups, newly indentured first-year apprentices, and newly organized Employees who have never been Eligible under the Plan may establish accelerated eligibility under the following conditions:

1. The Employee shall notify the Fund Office, using the Fund Office's proscribed form, within sixty (60) days of initially becoming Employed in the Industry if the Employee seeks to become Eligible under this section.
2. Within the immediately preceding thirty (30) days of initially becoming Employed in the Industry, the Employee must have had bona fide medical coverage in the Employee's own name, either under a group health plan or an individual policy purchased through the Patient Protection and Affordable Care Act ("ACA") Marketplace not as a dependent under a group health plan. Individual policies not purchased from the ACA marketplace and government sponsored Plans, except TRICARE, do not meet the requirements of this provision. Coverage as a dependent under another group health plan does not satisfy this requirement. If the Employee has dependents, the prior coverage must have been family coverage.
3. The Employee must provide proof of existing or immediate past coverage in a form acceptable to the Trustees such as a certificate of insurance or similar documentation. The sufficiency of such proof shall be determined in the sole and exclusive discretion of the Trustees.
4. Eligibility shall begin on the first day of the second calendar month in which at least 140 contribution hours are made on the Employee's behalf. The 140 contribution hours must be earned within a consecutive two-month period starting with the month of initially becoming Employed in the Industry for the Employee to become Eligible under this Section.
5. The Employee must continue to have 140 hours each month until the Employee has earned a total of 420 hours. If contribution hours are less than 140 hours in a month, the Employee will have to maintain Eligibility by making a self-payment for the number of hours below 140.
6. Upon earning 420 hours, an Hour Bank shall be established on behalf of the Employee and hours worked in excess of 140 hours a month will be credited to the Employee's Hour Bank.
7. Accelerated Eligibility under this Section shall be available to an Employee only one (1) time.
8. An Employee who does not meet the requirements of this Section shall be required to satisfy the Plan's Initial Eligibility requirements.