

CONDUIT



Summer
2024

UNDERSTANDING ELIGIBILITY AND SELF-PAY

The EIT Benefit Funds are committed to providing a full range of health and welfare benefits to enhance the overall quality of life for you and your dependents. In this special edition newsletter, we'll review the initial eligibility requirements and continuation rules to help you retain coverage for yourself and your family year in, year out.

Eligibility

To qualify for medical, dental, vision, prescription drug, hearing, mental health, accident and sickness, life insurance, and disability benefits, you must first work a minimum number of contributed hours. Contributed hours are hours for which your employer is obligated, based on the Collective Bargaining Agreement, to contribute to the Plan for your fringe benefits. You also earn contributed hours toward meeting the eligibility requirement when you attend the Apprentice School.

Member portal

If you haven't already, we recommend that you visit the EIT website and register for your personal online account in the member portal. By registering, you'll gain access to a secure and fast way to view your eligibility status, update contact information, view important documents, and more.

It only takes a few minutes to register. Visit fundoffice.org, and select **Login** in the top right corner to get started. If you've already registered and are having trouble logging in to your account or need assistance creating an account, please contact the IT Department at **(312) 782-5442, ext. 259**, or email at askeit@fundoffice.org.

Initial Eligibility

You become eligible for health and welfare benefits once you've worked 600 contributed hours during six consecutive months. Your coverage will begin on the first day of the month following the completion of 600 hours. It's important to understand that your employer will not report your hours nor submit contributions until the 15th of the month after the hours are worked.

For example:

- » You start working in **January**.
- » By the end of **June**, you have worked 600 hours.
- » The employer submits your hours and contributions by **July 15**.
- » Your health and welfare benefits are effective retroactively beginning **July 1**.

Below you will see what happens if you do **not** work 600 or more contributed hours within a six-month period. The Fund Office will roll the work period forward one month at a time until you accumulate the 600 contributed hours in six consecutive months as needed to become eligible.

Work Period	Contributed Hours Worked	Cumulative Hours Jan – June	Cumulative Hours Feb – July	Eligible for Coverage?
Jan.	75	75	–	No
Feb.	75	150	75	No
March	130	280	205	No
April	130	410	335	No
May	105	515	440	No
June	75	590	515	No
July	100		615	Yes Aug. 1 – Sep. 30

Continuing Eligibility

After meeting your initial eligibility requirements, EIT determines whether you're eligible to continue health and welfare coverage using two methods: Quarterly Review period or 12-Month Review period.

- » If you work **300 or more contributed hours** during the Quarterly Review period, you will maintain your coverage.
- » If you have **not** worked 300 contributed hours during the Quarterly Review period, the Fund Office will look to see if you have worked **1,200 hours in the 12-Month Review period** for your coverage to continue.

This chart shows when and how eligibility is determined for each coverage period.

Quarterly Review Period 300 hours <i>(prior to coverage period)</i>	12-Month Review Period 1,200 hours <i>(prior to coverage period)</i>	Coverage Period <i>(if contributed hour requirement met)</i>
July 1 – Sep. 30	Oct. 1 – Sep. 30	Jan. 1 – March 31
Oct. 1 – Dec. 31	Jan. 1 – Dec. 31	April 1 – June 30
Jan. 1 – March 31	April 1 – March 31	July 1 – Sep. 30
April 1 – June 30	July 1 – June 30	Oct. 1 – Dec. 31

Self-Pay

If you do not work enough contributed hours to meet the continued eligibility requirements for health and welfare benefits, you may be able to continue your coverage by making self-payments for up to three consecutive quarters.

Waivers for self-payment

Because the Board of Trustees is committed to supporting you during difficult times, it has approved waivers, at the Board's discretion, for those eligible for self-payments for all three (3) consecutive quarters.

Beginning January 1, 2025, the Board of Trustees will consider giving discretionary waivers of self-pay for the first two (2) of the three (3) consecutive quarters.

If you still have not regained your coverage by the third consecutive quarter, you will be responsible for paying the third consecutive self-pay amount to maintain your coverage. If you do not choose to pay the self-pay amount, you will be offered COBRA. **The granting of waivers has always been at the full discretion of the Trustees.**

Determining your payment

To determine how much your self-pay amount will be, the applicable hourly health and welfare contribution is multiplied by the number of hours you've fallen short of the 300 contributed-hour or 1,200 contributed-hour requirement (whichever is less).

Example

If you've worked 250 hours during the Quarterly Review Period, you multiply 50 (300 contributed hours required minus 250 hours worked) by the current Principal, Residential, or Communication Agreements' health and welfare contribution rate to determine the self-pay amount to continue coverage for the next coverage period.

50

Contributed hours short

X

\$17.06

Hourly contribution rate

=

\$853

Self-payment amount

Qualifying for Self-Payment

To qualify for a self-pay, you must meet the following requirements:

- » Your employment was terminated due to lack of work or reduction in work force.
- » You are registered as available for work with the Union Referral Hall or Apprentice School during the Quarterly Review period and are compliant with procedures.
- » You have not exceeded three consecutive coverage quarters of self-pay.

Note: If you choose to "sit with the employer," you may not qualify for self-pay.

If you are eligible for self-pay, you will be notified by the Fund Office by mail, or you may view the letter in your EIT member portal.

Don't Miss Out on Hours When You Are:

Disabled or hurt at work

If you cannot work because of a certified disability or because you are receiving workers' compensation, you may be credited up to 25 hours a week toward the hours needed to maintain eligibility for health and welfare benefits. Notify the Fund Office as soon as you become disabled or are injured at work to ensure that you are granted disability credit hours. **Don't wait—if you delay, it may affect whether you are eligible for these benefits!**

Working out of jurisdiction (construction participants only)

When you work under a reciprocity agreement and you wish to maintain your eligibility under the Plan, your employer's contributions made to the other fund (the "traveling fund") must be transferred back to the Plan.

To do this, you must register your reciprocity authorization with the Electronic Reciprocal Transfer System (ERTS) in the jurisdiction where the work is to be performed. You should register before you begin work in another jurisdiction because only the contributions made based on the number of hours worked after the date you register on ERTS are transferred to the Fund Office.

If you do not arrange to have your employer's contributions transferred to the Plan, hours worked in another jurisdiction may not be eligible for credit in determining whether you meet the eligibility requirements for coverage under the Plan.

The number of hours credited is determined by the contributed hours earned under the Principal or Residential Agreements (or the Collar County Locals – 9, 117, 127, 150, 176, 196, 364, 430, 461, 531, 697, and 701) during the 36 months before the work month that reciprocal contributions are made. If, during this time period, you have earned:

- » **1,040 or more contributed hours** worked in Local 134 or the other Collar County Locals, your hours will be credited on an hour-for-hour basis until the work month in which you fall short of 1,040 hours in the last 36 months.
- » **Less than 1,040 contributed hours**, your contributed hours will be prorated. Specifically, EIT will divide the reciprocal contributions sent to the Fund Office by the contribution rate under the Principal or Residential Agreement. Participants whose hours have been prorated in this manner and do not have sufficient contributed hours to maintain coverage under the Plan may make self-pay contributions necessary for the number of hours required to continue their coverage under the Plan. There is no limit on the number of self-payments that can be made under the Reciprocal Agreement in Local 134 or the other Collar County Locals; however, the **prorated self-pay is not eligible for the discretionary waiver of self-pay.**

Questions or Concerns?

For any questions or concerns regarding your eligibility for health and welfare coverage, please contact the Fund Office at **(312) 782-5442**, or email us at **askeit@fundoffice.org**.



Coverage Reinstatement

If you lose coverage, you may reinstate your eligibility on the first day of the month following a three-consecutive-month period where you worked at least 300 contributed hours **after the date you lost coverage**. In some cases, you may be eligible sooner if you meet the 300 contributed hours requirement in less than three consecutive months. Once eligibility has been reinstated, your coverage will continue for the remainder of the coverage quarter and will be maintained afterwards as long as you meet the continued eligibility requirements.

Reasons you might lose active health and welfare coverage include:

- » Failing to meet continued eligibility requirements
- » Your employer failing to make required contributions on your behalf
- » Retiring
- » Becoming eligible under another health and welfare plan



EIT Benefit Funds
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This newsletter contains information on various benefits, but it does not give you all of the details. The official plan documents have all of the details. If there are any differences between this newsletter and the plan documents, the plan documents will govern. If you have any questions about your benefits, please contact the Fund Office at (312) 782-5442.



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