

I.B.E.W. Local 688 Health & Welfare Plan

33 FITCH BOULEVARD
AUSTINTOWN, OHIO 44515



PHONE: 800-435-2388
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NOTICE OF DEPENDENT COVERAGE TO AGE 26

Due to enactment of the Affordable Health Care Act of 2010, the Board of Trustees have changed the dependent eligibility rules of the Plan. This change is outlined below. Please keep this Summary of Material Modification with your Summary Plan Description.

You are now notified that, effective June 1, 2011, dependent children whose coverage ended, who were denied coverage, or who were not eligible for coverage because the availability of dependent coverage of children ended before attainment of age 26 are now eligible to enroll in the I.B.E.W. Local No. 688 Health & Welfare Fund. The coverage under the Fund will continue until the child reaches age 26.

Please note, however, that dependents up to age 26 are NOT eligible for coverage if and for so long as that individual is eligible for health insurance coverage offered by the individual's employer. Further, these individuals must immediately notify the Plan Administrator of eligibility for coverage by the individual's employer. Failure to do so and/or enrolling for coverage under this Fund when at the same time being eligible for the other employer health insurance coverage will subject the enrollee to criminal and civil penalties.

To obtain coverage under the Fund for the now-eligible dependent, Participants and/or individuals **MUST** enroll eligible dependent children not later than May 31, 2011. Use the enrollment form enclosed with this Notice and submit the form to the Plan Administrator not later than May 31, 2011.

The Plan Administrator is Compensation Programs of Ohio, Inc. 33 Fitch Blvd., Austintown, Ohio 44515. The Administrator's telephone number is 800-435-2388, and the fax number is 330-270-0912.

Should you need more information, please contact the Plan Administrator at the Administrator's address or telephone number.

BOARD OF TRUSTEES
I.B.E.W. Local No. 688 Health and Welfare Fund

April 28, 2011