

INSULATORS LOCAL 84 HEALTH CARE PLAN

**33 Fitch Boulevard
Austintown, Ohio 44515
Phone: 1-800-435-2388
(330) 270-0453
Fax: (330) 270-0912**

NOTICE REGARDING DEPENDENT COVERAGE TO AGE 26

April 26, 2011

This notice contains important information about additional rights to continue your health care coverage in the Insulators Local 84 Health Care Plan (the Plan). Please read the information contained in this notice very carefully.

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the *Insulators Local 84 Health Care Plan*. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to June 1, 2011.

If you have any questions about this notice or your rights under the Patient Protection and Affordable Care Act, you should contact the Fund Office by mail at 33 Fitch Boulevard Austintown, Ohio 44515 or by telephone at (800) 435-2388.

INSULATORS LOCAL 84 HEALTH CARE PLAN

ENROLLMENT APPLICATION FOR DEPENDENTS AGE 19 THROUGH AGE 25

1. Name of Member: _____
2. Member's Social Security Number: _____
3. Name of Dependent: _____
4. Relationship of Dependent to Member: _____
5. Dependent's Date of Birth: _____. **Please provide a copy of the Dependent's birth certificate issued by the Office of Vital Statistics when returning this form to the Fund Office.**
6. Dependent's Social Security Number: _____
7. Dependent's Address: _____
8. Name of Dependent's Employer: _____
9. Phone Number of Dependent's Employer: _____
10. Address of Dependent's Employer: _____
11. Does Dependent's Employer offer medical coverage to Dependent (check one)? Yes No

Member's Signature

If you have any questions regarding this form or dependent coverage under the Plan, contact the Fund Office at (800) 435-2388.

ONLY A COMPLETED AND SIGNED FORM WITH AN ACCOMPANYING BIRTH CERTIFICATE WILL BE ACCEPTED. Please return this form to the following address:

Insulators 84 Health Care Plan
33 Fitch Blvd.
Austintown, OH 44515