

Plumbers and Pipefitters Local 219
Health and Welfare Trust Fund

33 Fitch Boulevard
Austintown, Ohio 44515

Telephone: (330) 270-0453
Toll Free: 1-800-435-2388

TO: Members Who Receive A Self-Payment Notification Letter From
The Plumbers & Pipefitters Local 219 Health & Welfare Fund

FROM: Plumbers & Pipefitters Local 219 Health & Welfare Fund

RE: Obligation To Remit Self-Payments

The Plumbers and Pipefitters Local 219 Health & Welfare Fund (the "Fund") has published this notice to remind you of your obligation to remit self-payments when your Fund Bank is depleted, and when you have not worked at least 140 hours during a given month. In such cases, the Fund Office will provide you with a notification letter advising you of your right to remit self-payments. Please note that your eligibility for coverage in the Fund's plan of benefits is based on the number of hours that you have worked in covered employment. Your current monthly work hours are used to determine your eligibility for coverage two (2) months ahead. For example, the hours that you work in April determine your eligibility for June coverage.

IF YOU RECEIVE A SELF-PAYMENT NOTIFICATION LETTER, IT IS IMPORTANT THAT YOU REMIT THE APPROPRIATE SELF-PAYMENT TO THE FUND OFFICE BY THE DATE SET FORTH IN THAT LETTER TO CONTINUE COVERAGE IN THE FUND'S PLAN OF BENEFITS.

If you want to ensure continuous coverage through the Fund, you need to remit the self-payment even if you have worked a sufficient number of hours to reestablish your eligibility. This is particularly important for participants who are working out of the area. While out of area contributions will ultimately be paid to the Fund, it commonly takes several months for the Fund Office to actually receive these payments. The Fund Office cannot credit you with hours until payment is received. You will be reimbursed for the full amount of any self-payments made after the Fund Office receives contributions for the applicable month. For example, if you make a \$250.00 self-payment for June coverage and the Fund Office later receives contributions sufficient to reactivate coverage for June, you will be reimbursed for the \$250.00 self-payment. Accordingly, when you are working out of town, please make sure that you and/or your spouse are on the lookout for a self-payment notice, and that you remit the required self-payment by the date set forth in that letter. A missed self-payment may result in a coverage gap for you and your dependents. Please contact the Fund Office if you have any questions on this notice:

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(330) 270-0912 (facsimile)