

# CHANGE TO THE RULES GOVERNING SELF-PAYMENTS FOR SHORT HOURS

October 2018

To All Active Class 1 Participants:

The Plan allows you to make self-payments if you fall short of the continuing eligibility requirement of 300 credited hours in a contribution quarter, or 1,200 credited hours during the previous twelve-month period. Short-hours self-payments are much less expensive than COBRA self-payments, and they were intended to help Class 1 participants maintain coverage during short-term lay-offs and periods of low employment.

Effective for coverage quarters starting on and after January 1, 2019, short-hours self-payments will only be permitted by participants who:

- Are on the Local 701 out-of-work book and available for work as of the first day of the applicable coverage quarter; and
- Have 1,500 credited hours (from employer contributions and disability hours) during the three-year period ending with the last day of the contribution quarter.

Example: For eligibility during the April-May-June 2019 coverage quarter, you need 300 hours for the November-December-January contribution quarter (or 1,200 hours in 12 months). To make a short-hours self-payment for coverage in the April-May-June 2019 quarter, you must have 1,500 credited hours for the 3-year period February 2016-January 2019. You must also be on the out-of-work book as of April 1, 2019.

Class 1 employees who do NOT meet the new requirements will still be able to maintain their coverage by:

- Making self-payments at the owner-in-fact (Class 6) rate based on the same 437.5-hours-per-quarter hours requirement for Class 6; or
- Making COBRA self-payments.

## **NONDISCRIMINATION STATEMENT**

The IBEW Local 701 General Welfare Fund (the "Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. The Plan provides language assistant services to persons whose primary language is not English, and free aids and services where necessary to people with disabilities to communicate effectively with us. If you need these services, contact the Fund Office.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by contacting the

Fund Office by mail, telephone or in person at the IBEW Local 701 General Welfare Fund, 28600 Bella Vista Parkway, Suite 1110, Warrenville, IL 60555, telephone 1-630-393-1701, #3. If you need help filing a grievance, Fund Office personnel are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-630-393-1701 #3.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-630-393-1701 #3.

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-630-393-1701 #3

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-630-393-1701 #3 (번으로 전화해 주십시오).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-630-393-1701 #3.

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-630-393-1701 #3

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-630-393-1701 #3.

**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-630-393-1701 #3.

**1-630-393-1701 #3:** اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-630-393-1701 #3.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-630-393-1701 #3.

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-630-393-1701 #3 ( पर कॉल करें।

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-630-393-1701 #3.

**ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-630-393-1701 #3.

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-630-393-1701 #3.