

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS

## UNION TRUSTEES

Joseph A. Geiger  
Co-Chairman  
Paul Capurso  
Michael P. Cavanaugh  
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## BENEFIT FUNDS

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New York, N.Y. 10014  
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## MANAGEMENT TRUSTEES

David T. Meberg  
Co-Chairman  
Catherine Condon  
John DeLollis  
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Michael Salgo

### **ACTION REQUIRED BY MAY 15, 2016.**

Please read this letter and the enclosures very carefully. These documents provide important information regarding a new requirement that you must pay your monthly premium for Retiree coverage from the New York City District Council of Carpenters Welfare Fund (the "Welfare Fund") via an automatic payment (either automated pension deduction or bank account deduction). Please note that the Welfare Fund will not accept checks or money orders after July 1, 2016, and that, if you do not elect an automated payment option by **May 15, 2016**, you will no longer be eligible for Retiree coverage under the Welfare Fund (subject to the annual open enrollment period). If you wish to continue your Welfare Fund Retiree coverage, you must make an election and return a completed form to the Fund Office, as explained below, by no later than May 15, 2016.

March 2016

Re: New Automatic Payment Requirement for Retiree Welfare Fund Coverage

Dear \_\_\_\_\_ :

As you know, you are required to pay a monthly premium as a condition to having Retiree coverage from the New York City District Council of Carpenters Retiree Welfare Fund (the "Welfare Fund"). We are writing to advise you that, effective July 1, 2016, the Welfare Fund will require that all Retiree premiums be paid through automatic deductions from either your (1) pension check or (2) your bank account. **If you do not enroll in one of these two options, you will no longer be eligible for Retiree Welfare Fund coverage on or after July 1, 2016.**

Our records indicate that you are currently paying your monthly premium by sending a check or money order to Chase Bank. As explained below, if you do not enroll in an automated payment option by May 15, 2016, the Fund will return any premiums you remit via check or money order for coverage for July 1, 2016 or later, and you will cease to be eligible for Retiree coverage from the Welfare Fund. Please read this letter carefully to find out how to elect **an automatic monthly deduction from your pension check or bank account.** This letter provides important information about each of these options, how to enroll, an authorization form for each option, the deadline for selecting your option, and what to expect between now and July 1, 2016.

## Retiree

### Option 1: Automatic Deduction from your Monthly Pension Benefit

If you are currently receiving a monthly pension benefit from the New York City District Council of Carpenters Pension Fund (the “Pension Fund”), or the Retirement and Pension Plan for Officers and Employees of the New York City District Council of Carpenters and Related Organizations (the “Officers Fund”), we encourage you to authorize the Pension Fund or Officers Fund to automatically deduct your Retiree Welfare Fund premium from your pension check. If you would like to do so, please complete the enclosed Pension Deduction Authorization Form. Please provide all information requested on the form, check the Pension Deduction box, and sign and date the form. **The Fund Office must receive your completed Pension Deduction Authorization by no later than May 15, 2016.** If a completed form is not received by May 15, 2016, we will be unable to process the deduction from your July pension check and you and your family will cease to have Welfare Fund Retiree coverage effective July 1, 2016. You will not be able to enroll in Welfare Fund coverage again until January 1, 2017, provided you still qualify for Retiree Welfare coverage.

### Option 2: Automatic Withdrawal from your Bank Account

If you do not receive a Pension Fund benefit, or if you choose not to authorize a deduction from your monthly pension, then you must authorize the Welfare Fund to automatically debit your Retiree premium from your bank account. The Welfare Fund can only debit your bank account. The checking account can be from a bank, credit union, or savings association; it cannot be from a money market, line of credit, or an investment account. Please note that the premium **will be debited from your bank account on or about the 15<sup>th</sup> day of the month prior to the month of coverage. If the 15<sup>th</sup> falls on a holiday or a weekend, the deduction will take place on the business day either before or after the holiday or weekend.**

To authorize automatic withdrawals from your bank account, please complete the enclosed Automatic Withdrawal Authorization form, provide all information requested on the form, check the Automatic Bank Withdrawal Authorization box, provide the name(s) of the account holder, the routing number, and the bank account number, and sign and date the form. Finally, please be sure to include a voided check from your account with your completed form.

**The Fund Office must receive your completed Automatic Withdrawal Authorization form and a voided check by no later than May 15, 2016.** If it is not received by May 15<sup>th</sup>, we will be unable to process a withdrawal for coverage for Retiree July 1, 2016, and you and your family will cease to have Welfare Fund Retiree coverage effective July 1, 2016. You will not be able to enroll in Welfare Fund coverage again until January 1, 2017, provided you still qualify for Retiree Welfare coverage.

### Retiree Premiums Before July 1, 2016

You must continue paying the Retiree premiums due on April 1, May 1, and June 1, 2016 by sending your check or money order, along with your payment coupon to Chase Bank. Your payment coupon for June 1, 2016 will be mailed to you in early May; this will be the last coupon issued to you. A payment coupon will not be issued in June because the Retiree premium due on July 1, 2016 must be deducted from your July 1, 2016 pension check or automatically debited from your bank account.

You are not eligible to continue receiving Welfare Fund Retiree coverage if your premiums are not paid.

**PLEASE REMEMBER:** Beginning with the payment due on July 1, 2016, all Retiree premium payments must be made by either an automatic pension deduction or automatically debited from your bank account. If you do not enroll in one of these options and instead send a Retiree premium payment due July 1, 2016 or later to Chase Bank, your payment will be returned to you unprocessed and your coverage will be terminated.

**PLEASE REMEMBER:** THE DEADLINE FOR RETURNING YOUR PENSION DEDUCTION AUTHORIZATION FORM OR YOUR AUTOMATIC WITHDRAWAL AUTHORIZATION FORM IS **MAY 15, 2016.**

While we understand that this seems like a big change, most Retirees have already elected to pay their premium via pension deduction. Automated payments are the most efficient way to make payments and take a huge burden off of you to remember to consistently make timely payments so your coverage does not lapse. Thank you in advance for your cooperation.

As always, if you have any questions, please contact the Fund Office at (212) 366-7399.

Sincerely,

NYCDCC Welfare Fund

Enclosures

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### SUMMARY OF MATERIAL MODIFICATIONS NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

- TO:** Retirees Who Participate in the New York City District Council of Carpenters Welfare Fund and Their Eligible Dependents
- FROM:** Board of Trustees
- RE:** Automatic Payment Requirement for Retiree Premiums

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This Summary of Material Modifications (“SMM”) describes changes to the retiree premium payment rules and available payment options **effective July 1, 2016**. Please read this SMM carefully and share it with your family. You should keep it with the Summary Plan Description and SMMs that were previously provided to you.

As you know, all Retirees are required to pay a monthly premium in order to maintain Welfare Fund coverage.

Effective July 1, 2016, payment of retiree premiums must be made electronically if you wish to continue your Retiree coverage. You may elect to have your premium deducted from (a) your monthly pension check or (b) your checking account through ACH debit. If you elect an automated checking account deduction, the premium will be debited from your checking account on or about the 15<sup>th</sup> day of the month prior to the month of coverage. If the 15<sup>th</sup> falls on a holiday or a weekend, the deduction will take place on the business day either before or after the holiday weekend.

If you do not elect one of the above automated payment options by May 15, 2016, you will not be eligible for Welfare Fund Retiree coverage on or after July 1, 2016. (You will be eligible for annual re-enrollment each January; however, in order to re-enroll, you will be required to elect an automated payment option.)

If you have questions, the Fund Office staff is available at **212-366-7300, or (800) 529-3863**. Member Services representatives are available to assist you **Monday through Thursday from 8:00 a.m. to 5:30 p.m. and Friday from 8:00 a.m. to 5:00 p.m.**

The Board of Trustees reserves the right to terminate, suspend, reduce or otherwise modify benefits at any time.

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND  
RETIREE BENEFITS COVERAGE  
AUTOMATIC WITHDRAWAL AUTHORIZATION FORM**

\_\_\_\_\_  
Name

\_\_\_\_\_  
UBC NUMBER

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Phone: Day ( \_\_\_\_\_ ) \_\_\_\_\_ Evening: ( \_\_\_\_\_ ) \_\_\_\_\_

- YES, I AUTHORIZE THE NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND TO AUTOMATICALLY DEDUCT THE MONTHLY RETIREE COVERAGE PREMIUM FROM MY BANK ACCOUNT.**

**Bank Account Information**

Please enter your checking account information found on the bottom of your check. You may only use a checking account. It can be from a bank, credit union or savings association. It cannot be from a money market, line of credit or investment account.

- Name(s) on Bank Account: \_\_\_\_\_
- Routing Number: \_\_\_\_\_
- Bank Account #: \_\_\_\_\_

**You must also submit a VOIDED check when you return this form. Please sign page 2 of this form.**

**Money will be debited from my account on or about the 15th day of the month prior to the month of coverage. I understand that if the 15<sup>th</sup> falls on a holiday or a weekend, the deduction will take place on the business day either before or after the holiday or weekend.**

This authorization will remain in effect until you provide written notification terminating this service. To stop deductions, you must notify the Fund in writing at least 14 days prior to the 15<sup>th</sup> day of the month in which you wish to stop the deduction.

**TURN OVER →**

You do not need to do anything when premium amounts change. If the premium changes, the Fund will automatically deduct the new premium amount from your bank account. However, you will always be notified in advance of any premium changes.

We will only try to deduct your premium once per month. If your bank rejects or returns your premium, you will have to submit a check to the Fund within 14 days from the rejected transaction. This is a one-time exception. Should the bank reject or return another premium, your Retiree welfare coverage will be terminated and reenrollment will be subject to the waiting period.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return the completed form and your VOIDED check to:

**NYCDCC Welfare Fund  
Attn: Retiree Premium ACH  
395 Hudson Street  
New York, NY 10014**

## New York City District Council of Carpenters Welfare Fund Retiree Medical Election Form

Participant Name: \_\_\_\_\_ UBC Number \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Election of Coverage:**

1. I hereby authorize the New York City District Council of Carpenters Welfare Fund to deduct my required monthly premium for health coverage, as elected below, from my monthly pension check.
2. I hereby authorize the New York City District Council of Carpenters Welfare Fund to deduct my required monthly premium for health coverage, as elected below, via ACH Debit from my checking account. *Enclosed is my completed Automatic Withdrawal Authorization Form and first month's premium check from my authorized checking account.*
3. I elect not to be covered by the New York City District Council of Carpenters Welfare Fund at this time.

**Please check coverage and payment option that you wish to elect:**

	Retiree and Dependents Not Medicare-Eligible	Some Individuals are Medicare-Eligible	Retiree and Dependents are Medicare-Eligible
Retiree Only	<input type="checkbox"/> \$37.75	N/A	<input type="checkbox"/> \$14.00
Retiree and One Dependent	<input type="checkbox"/> \$77.50	<input type="checkbox"/> \$53.25	<input type="checkbox"/> \$29.00
Retiree and Family	<input type="checkbox"/> \$117.00	<input type="checkbox"/> \$92.75	<input type="checkbox"/> \$44.00

  

	Member was active	Non-Medicare Retiree	Medicare Eligible retiree
Surviving Dependent	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$25.00

I understand:

- If I choose not to continue coverage at this time under the New York District Council of Carpenters Welfare Fund for me or my eligible dependents, coverage can be elected the beginning of the following calendar year, provided I continue to meet the requirements for eligibility.
- If my coverage lapses for non-payment of premium, I will be responsible for any and all claims paid on my behalf or on behalf of my dependents during the period of ineligibility. I understand that coverage cannot be reinstated until the beginning of the next calendar year once all claims are paid and provided I continue to meet the requirements for eligibility.
- Any election to have a deduction made from my pension check or checking account is voluntary and revocable at any time. Requests must be received 30 days prior to the effective date of the change.
- If the amount of the premium changes, the amount of the deduction from my monthly pension benefit or checking account will automatically change. Prior notice of the change will be given.
- If I get divorced, I am responsible for notifying the Fund Office within 60 days and submitting a copy of my divorce judgment to the Welfare Fund Office. I understand that my former spouse and I will be jointly and severally liable for any amounts paid on behalf of my former spouse or stepchild following a divorce. In addition to having to repay the Fund the costs of any benefits provided on behalf of such former spouse or stepchild, the Trustees have the sole discretion to permanently terminate my eligibility and the eligibility of my Eligible Dependent(s) if I fail to notify the Fund Office of my divorce.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date