

A. Covered Employee Information

Covered Employee Name (Last, First, Middle Initial)	Covered Employee SS#	Spouse Name
Address, City, State, ZIP		Best Contact Phone Number and Email Address

B. Spousal Statement of Health Coverage Status. Mark only the option that applies.

<input type="checkbox"/> 1. I am not employed. Employer verification not required. Skip Sections C and D.
<input type="checkbox"/> 2. I am employed. But my employer does not offer health coverage to me. Employer verification required. Complete Sections C and D.
<input type="checkbox"/> 3. I am employed. My employer offers me health coverage. But I am not enrolled. Employer verification required. Complete Sections C and D.
<input type="checkbox"/> 4. I am employed. My employer offers me health coverage. I am enrolled. Employer verification required. Complete Section D.

C. Spousal Employment-Based Health Insurance Coverage Information

<i>My Health Insurance Plan Name:</i>				
Coverage Effective Dates:	Coverage Began:		Coverage Ends:	
My Coverage Includes: <input type="checkbox"/> Medical & Rx	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee & Spouse	<input type="checkbox"/> Employee & Children	<input type="checkbox"/> Family
<input type="checkbox"/> Vision	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee & Spouse	<input type="checkbox"/> Employee & Children	<input type="checkbox"/> Family
<input type="checkbox"/> Dental	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee & Spouse	<input type="checkbox"/> Employee & Children	<input type="checkbox"/> Family
Monthly total premium for lowest-cost medical benefit package offered:				
Monthly employee share of premium for lowest-cost medical benefit package offered:				

D. Employer Verification – MUST be completed by the Employer in order to be VALID

As the Employer, I hereby certify that the person (spouse) named on this form is an employee of the below named employer and the information supplied by the employee (spouse) is accurate and complete to the best of my knowledge.

Please verify Employee Portion for Cost of Coverage in Section C:

Employer Name:	Employer Representative Name (please print):	Date:
Employer Representative Title:	Employer Representative Signature:	Employer Representative Phone Number:

E. Signatures: Both Covered Employee and Spouse signatures are required. We hereby declare under penalty of perjury that we are legally married in accordance with the laws of the state in which we reside and the information on this form is correct and complete to the best of our knowledge. We authorize the Fund to verify the spouse employment status as needed. If requested by the Fund, we agree to obtain and furnish a copy of any marriage certificate or divorce decree. We understand that if any incorrect or misleading information results in a loss to the Fund, the Fund is entitled to recover the amount of such loss from us or by withholding from our future benefits. Employed Spouses Only: I hereby authorize my employer or other entities to release information regarding my employer’s health insurance plan and my eligibility status for coverage under that plan to this Fund.

Covered Employee Signature:	Spouse Signature:	Date:
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Guidelines for the Spousal Coverage Program
UA LOCAL 125 HEALTH & WELFARE FUND

Program Requirements: The program requires a working spouse to enroll in health coverage plan offered by their own employer if the employee's monthly cost for the lowest-cost medical coverage offered is \$125.00 or less. If such coverage is offered and your spouse does not enroll in medical coverage through his or her employer, your spouse will not be covered under the UA Local 125 Health & Welfare Plan.

Other Insurance: The working spouse's employee health plan will pay claims as the "Primary" carrier and the UA Local 125 Health & Welfare Plan will pay "Secondary." You will need to make sure to provide your health care providers with both insurance plans' ID card.

Open Enrollment Period: A working spouse who elected not to enroll during their employer's one-time Open Enrollment period should be allowed another Open Enrollment period once coverage has been terminated by the UA Local 125 Health & Welfare Plan. You can contact the UA Local 125 Health & Welfare Benefit Plan Office for a letter of termination to present to your employer. When enrollment has been established with the Spouse's employer health coverage, the UA Local 125 Health & Welfare Plan will pay "Secondary."

Verification Form Required: All dependent spouses eligible for coverage in the UA Local 125 Health & Welfare Plan must submit a fully completed and signed verification form showing either they are not employed or they have obtained health coverage through their own employment. All dependent spouse benefits under the UA Local 125 Health & Welfare Plan will be terminated (or suspended in the case of a new spouse) from the time the form is due until the completed and signed form is received by the UA Local 125 Health & Welfare Plan. Coverage will only be reinstated the first day of the following month after receipt of the completed and signed verification form. No retroactive coverage will be granted.

1. What eligibility change occurred to UA Local 125 Health Care Fund (the “UA Local 125 Health & Welfare Plan”) in 2021 that affects my spouse?

The UA Local 125 Health & Welfare Plan implemented a “Working Spouse Rule.” Under this rule, a spouse of a covered employee is only eligible for secondary coverage under the UA Local 125 Health & Welfare Plan if such spouse is employed and has access to group medical coverage through his/her own employer in which the employee pays \$125.00 or less for a monthly premium, excluding any separately priced voluntary benefits.

2. What is coordination of benefits?

When an individual is covered by more than one health plan (for example, when a spouse is covered by both their employer’s plan and another plan, under this Rule, the “other plan” is the UA Local 125 Health & Welfare Plan. The spouse’s plan is considered to be the “primary” plan. The UA Local 125 Health & Welfare Plan is considered to be the “secondary” plan. The primary plan covers the major portion of the bill according to that plan’s schedule of benefits, and the secondary plan covers any remaining allowable expenses. That is, the primary plan’s benefits are applied to the claim first. The unpaid balance is then paid by the secondary plan up to what it would have paid if it had been the primary plan. Benefit payments are "coordinated" between both health plans, and total payments between the two plans would not exceed 100% of the allowable charges for any covered service.

3. When did this policy go into effect?

January 1, 2021.

4. Are all spouses affected?

No, only an employed spouse who meets the definition of “working spouse” under FAQ #1 above. Eligible claims paid on behalf of a Working Spouse will be paid on a secondary basis under the UA Local 125 Health & Welfare Plan.

Many categories of spouses will not be affected, including:

- If your spouse is self-employed and has no other employees.
- If your spouse is not employed full time within the meaning of Section 4980H of the Internal Revenue Code (generally less than 30 hours per week or on average less than 130 hours per month).
- If your spouse’s employer single medical only coverage monthly premium is more than \$125.00 per month. This is what it would cost your spouse for coverage.

5. Is my working spouse required to enroll our children into his/her employer-sponsored group medical coverage?

No. Dependent children are not subject to the UA Local 125 Health & Welfare Plan’s Working Spouse Rule. You may still enroll your dependent children for primary coverage under this Plan even if your working spouse is not eligible for primary coverage under the Working Spouse Rule.

6. What do my employed spouse and I need to prepare for this change?

You should start by obtaining information about your spouse’s employer’s group medical plan. Determine when the employer’s annual enrollment period occurs. You should also review the Plan’s Spousal Coverage Verification Form (see FAQ #8 below) so you are aware of the steps

you will need to take to confirm whether your employed spouse is a “working spouse” subject to the rule.

7. Who must complete the Spousal Coverage Verification Form?

All spouses must complete the Spousal Coverage Verification Form no later than December 31, 2022.

8. Where can I find the Spousal Coverage Verification Form?

The Spousal Coverage Verification Form has been mailed to each household or you may call 319-362-7977 to request a copy from the Fund Office.

9. How will the Plan know whether or not my spouse is eligible for group medical coverage through their employer?

Each covered employee in the UA Local 125 Health & Welfare Plan who wants to cover their spouse under the Plan after January 01, 2023 will need to complete the Spousal Coverage Verification Form. The Spousal Coverage Verification Form will require the spouse to indicate if they are employed. If the spouse is employed, the spouse’s employer will be required to complete the Spousal Coverage Verification Form to confirm that the spouse is not eligible for group medical coverage with their employer that is affordable coverage.

10. What qualifies as a group medical plan offered by my spouse’s employer?

Any medical plan that satisfies the minimum coverage thresholds of the Affordable Care Act that is provided by your spouse’s employer to its employees qualifies.

11. What happens if my spouse fails to submit the Spousal Coverage Verification Form?

Your spouse’s coverage under the UA Local 125 Health & Welfare Plan will be terminated effective December 31, 2022, and any claims for such spouse will not be covered until a form is completed and provided to the Fund Office. No retroactive coverage will be granted.

12. Whose health care plan will cover my children; the Plan or my spouse’s employer’s plan?

If your spouse elects to cover your children under his/her employer’s plan, the children will be covered by both plans subject to coordination of benefits and the “birthday rule.” The “birthday rule” determines which plan pays primary and which plan pays secondary for the children. Under the birthday rule, the plan of the employee covering the child whose birthday occurs earlier in the calendar year will be treated as primary for the child. If both parents have the same birthday, the policy that has been in effect longer will be primary. The birthday rule is superseded when a court order or custody rule applies.

13. If my working spouse’s group medical coverage is terminated because he/she loses their job, does my spouse have to elect and exhaust COBRA coverage before being eligible for primary coverage under UA Local 125 Health & Welfare Plan?

No. A working spouse is not required to elect COBRA from his/her employer’s plan before becoming eligible for coverage under the UA Local 125 Health & Welfare Plan. If a working spouse loses coverage, the event qualifies as a “life event” and the working spouse’s coverage under the UA Local 125 Health & Welfare Plan would become primary. You or your working spouse must file an updated Spousal Coverage Verification Form with the Fund Office prior to the Plan’s coverage becoming primary for that spouse.

14. What if my spouse is currently between jobs? Is my spouse eligible for primary coverage under the Plan?

Yes, as long as your spouse is not eligible for coverage from an outside employer that would trigger the Working Spouse Rule, they can stay enrolled as primary under the UA Local 125 Health & Welfare Plan. However, if at any time your spouse becomes eligible for affordable coverage through a new employer, he/she is no longer eligible for primary coverage under the UA Local 125 Health & Welfare Plan. It is important that your spouse file an updated Spousal Coverage Verification Form with the Fund Office within 31 days of their eligibility on their new employer's plan.

15. What if my spouse is going to school part-time and is eligible for a student health plan from the school?

The Working Spouse Rule only applies to spouses who are actively employed and eligible for affordable group medical coverage from their employer. If your spouse is eligible for coverage as a student, they would still be eligible as primary coverage under the UA Local 125 Health & Welfare Plan.

16. My spouse has a pre-existing medical condition. Could my spouse's expenses associated with this condition be excluded by his/her employer's plan?

No, in compliance with the Affordable Care Act, your spouse cannot be denied coverage due to a pre-existing condition under any health plan.

17. What if my spouse and I are both UA Local 125 Health & Welfare Plan members?

If you are married to another UA Local 125 Health & Welfare Plan member, you and your children will all be covered both as primary and secondary under the UA Local 125 Health & Welfare Plan subject to standard coordination of benefits (see FAQ #2).

18. What happens if my spouse does not enroll in available coverage through his/her employer?

The Working Spouse Rule requires UA Local 125 Health & Welfare Plan members seeking coverage for their spouse under the UA Local 125 Health & Welfare Plan to attest to whether their spouse is employed, as well as whether they have affordable group medical coverage through their employer. Participants completing the Spousal Coverage Verification Form would be expected to complete it completely and accurately, similar to any other attestations they make as part of their employment. In the event an employee does not complete the Spousal Coverage Verification Form accurately, their coverage under the UA Local 125 Health & Welfare Plan will be terminated. In addition, falsification of the Spousal Coverage Verification Form will be treated similarly to any other act of fraud. In the event any claim is paid as a result of a fraudulent statement or attestation, the amount of the claim paid will be recovered with interest and the Covered Employee's/Spouse's eligibility for benefit from the UA Local 125 Health & Welfare Plan may be indefinitely suspended.

19. What happens if my spouse later becomes eligible for coverage on their employer's group medical plan but fails to enroll in that plan?

Beginning January 1, 2021, once a working spouse becomes eligible for affordable coverage under a plan sponsored by their employer, their eligibility to receive primary coverage under the UA Local 125 Health & Welfare Plan ends, and their future claims directed to the UA

Local 125 Health & Welfare Plan would be limited to secondary coverage as if the primary plan had the identical schedule of benefits to the UA Local 125 Health & Welfare Plan. Therefore, it is important for working spouses, who are eligible for coverage under their employer's plan, enroll in that plan and file an updated Spousal Coverage Verification Form with the Fund Office within 31 days. This will ensure the working spouse's claims are processed correctly and do not later need to be reprocessed and/or subject the spouse to a greater share of the claim's cost.

20. Why is UA Local 125 Health & Welfare Plan implementing this eligibility change?

This change will help ensure that UA Local 125 Health & Welfare Plan— in the face of rising health care costs — can continue to provide the best health care benefits possible to its eligible employees and families.

If you have any questions regarding these changes, please contact the Fund Office at 319-362-7977

Sincerely,
Board of Trustees

This document is intended to describe the eligibility requirements, procedures, and effective dates for the health care program offered by UA Local 125 Health & Welfare Fund. This document is a general summary of frequently asked questions. Full details are contained in the Plan's legal summary plan description and Plan Document, which governs the Plan. Whenever an interpretation of a Plan benefit is necessary, the actual Plan documents will be used.