

Teamsters Local 641 Welfare Fund

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SUMMARY & CLARIFICATION OF MATERIAL MODIFICATIONS

TO: Plan Participants
FROM: Board of Trustees
SUBJECT: Stepchildren Coverage Change
DISTRIBUTION DATE: July 31, 2023

EIN: 22-6220289
PLAN NUMBER: 501

IMPORTANT NOTICE TO ALL PARTICIPANTS OF THE TEAMSTERS LOCAL 641 WELFARE FUND

Please keep this letter with your Summary Plan Description

This document is a Summary of Material Modifications ("SMM") intended to notify you of important changes being made to the plan of benefits (the "Plan") of Teamsters Local 641 Welfare Fund (the "Plan"). You should take the time to read this SMM carefully. If you have any questions regarding these changes to the Plan, please contact the Fund Office at (908) 687-4488.

IMPORTANT STEPCHILDREN NO LONGER COVERED UNDER DEPENDANTS

Effective January 1, 2024, the Trustees of Teamsters Local 641 Welfare Fund have amended the eligibility rules applicable to the definition of dependents that may be covered under the Plan. Dependent child coverage will now **exclude** stepchildren who are not the participant's adopted or biological child, nor appointed legal guardian nor have a Qualified Medical Child Support Order. Those stepchildren will need to obtain health insurance coverage through their adopted or birth parents or through their legal guardian.

Dependent family members qualify for coverage if they meet the specific criteria and definitions. These family members include:

- Legal spouse
- Biological children and biological stepchildren
- Legally adopted children and children placed with you or your covered spouse for adoption.
- Children for whom you or your spouse have been appointed legal guardian.
- Children allowed to obtain health coverage by a Qualified Medical Child Support Order

Per the Plans current rules participants have 30 days to enroll a new dependent as a result of marriage, birth, adoption, or placement for adoption. If the fund office is not notified within 30 days of you acquiring a new dependent, you will not be able to enroll that dependent until March 1 of the following year. If your dependents are currently not enrolled in the plan because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan provided that you request enrollment within 30 days after your other coverage ends. If the event was a marriage, the coverage is required to be effective no later than the first day of the first calendar month beginning after the date the completed request for enrollment is received by the Plan. In the case of birth, adoption, or placement for adoption, coverage is required to be effective no later than the date of the event. The Participant must provide the Plan with a certified copy of the child's birth certificate showing both parents' names, and other proof of eligibility that may be requested by the Plan.

PLEASE NOTE: This Plan Change takes place January 1, 2024. If you have any questions on the above changes to our Plan, please do not hesitate to contact us at the Welfare Fund Office at (908) 687-4488.

Very truly yours,

Diane Florian

Diane Florian
Plan Manager
For the Board of Trustees