



**Statement of Amendment Number 1 to the  
Laborers Health and Welfare Trust Fund for Northern California  
Active Plan Rules and Regulations  
Amended and Restated Effective January 1, 2016**

The undersigned Chairman and Co-Chairman of the Board of Trustees of the Laborers Health and Welfare Trust Fund for Northern California hereby certify that at a meeting of said Board duly and regularly held on September 19, 2017, the following changes to the Laborers Health and Welfare Trust Fund for Northern California Active Plan were adopted:

**Article II. Eligibility for Benefits, a new Subsection 2.d. is added to read as follows:**

**d. Special Enrollment Provision**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes provisions of Federal law that requires Group Plans to allow participants who previously declined enrollment in the plan for themselves or their dependents to enroll during a Special Enrollment period.

Participants are automatically enrolled in this Plan who have satisfied the eligibility requirements under the provisions of Subsection 2.a. in this Article II. This Plan does not allow Participants to decline coverage or defer enrollment at a later date.

Notwithstanding the provisions of Subsections 2.a., 2.b. and 2.c., a Dependent of an Employee may defer enrollment or re-establish eligibility in the Plan under any of the following circumstances:

- (1) An Employee who acquires a new Dependent spouse or any Dependent child(ren) may enroll his newly acquired Dependents in the Plan, but no later than 60 days from the date he acquires the new Dependents.
- (2) If a Dependent spouse or any Dependent child(ren) of an Employee defers enrollment in this Plan because the Dependent has other health coverage under any other health insurance or policy (including COBRA Continuation Coverage, individual insurance, Medicaid, Medicare or other public program), the Dependent may enroll in the Plan within 60 days after losing coverage from the other health insurance due to:
  - (a) Loss of eligibility for that coverage including loss resulting from legal separation, divorce, death, voluntary or involuntary termination of employment or reduction in hours (but does not include loss due to failure of employee to pay premiums on a timely basis or, termination of the other coverage for cause, such as making a fraudulent claim or intentional misrepresentation of a material fact); or
  - (b) The termination of employer contributions for the other health coverage; or
  - (c) The exhaustion of COBRA Continuation Coverage. (COBRA is considered "exhausted" if it ceases for any reason other than nonpayment of the required premium in a timely manner); or

- (d) Moving out of an HMO service area if HMO coverage terminated for that reason and, for group coverage, no other option is available under the other plan; or
  - (e) The other plan ceases to offer coverage to a group of similarly situated individuals; or
  - (f) The loss of dependent status under the other plan's terms; or
  - (g) The termination of a benefit package option under the other plan, unless substitute coverage is offered; or
  - (h) The loss of eligibility due to reaching the lifetime benefit maximum for all benefits under the other plan (if that plan is able to maintain a lifetime limit and is not subject to ACA); or
  - (i) The loss of coverage through Medicaid or a state **C**hildren's **H**ealth **I**nsurance **P**rogram (CHIP), the date the Dependent lose eligibility for that coverage; or
  - (j) The date the Dependent become eligible for a premium assistance program through Medicaid or CHIP.
- (3) If the Employee requests enrollment in the Plan of a Dependent who previously deferred enrollment **within the required 60 days** described in Subsections 2.d.(1) or 2.d.(2), coverage for the Dependent will become effective on the first day of the following calendar month after the request for enrollment in the Plan is received. In the case of a newborn Dependent, coverage will become effective on the date of birth.
- (4) If the Employee requests enrollment in the Plan of a Dependent who previously deferred enrollment **beyond the required 60 days** described in Subsections 2.d.(1) or 2.d.(2), coverage for the Dependent will become effective on the **first day of the second calendar month** after the request for enrollment in the Plan is received.

**In order for any Dependent to enroll in the Plan, the Employee must be enrolled in the Plan except in case of a surviving spouse enrolled in COBRA coverage.**

September 19, 2017

\_\_\_\_\_  
Date

\_\_\_\_\_  
/s/ Oscar De La Torre, Chairman

\_\_\_\_\_  
/s/ Bill Koponen, Co-Chairman