Have a question? Need some help?

Call 1(800) 527-4613 today!
Benefits Information Center

The purpose of the call center is to speed up phone call processing and reduce wait times for customer service. All of our customer service representatives in BIC have been trained to take care of all calls pertaining to claims, member records and employer accounts.

All calls needing customer service are forwarded to the Benefits Information Center (BIC) where the members and/or the providers receive one-stop assistance for all of their benefit questions. In the event that your inquiry cannot be immediately resolved, a customer service request will be initiated on your behalf and forwarded to the appropriate department for handling.

Questions on pension and annuity are forwarded to the Pension/Annuity department for handling.

Call us today and we will do our best to help you with your inquiries and questions. Be sure to have your medical ID number or your social security number handy for identification purposes.

If you call the Trust Office and need to leave a voicemail message, please remember to:

Speak slowly and clearly.

Include your name and phone number.

Include the reason for your call.

After the message, please repeat your name and phone number.

Domestic Partner Coverage

Domestic Partner coverage is available only to those enrolled with HMO coverage and is not available under the FFS Plan.

Opposite Sex Domestic Partnership:
Opposite gender does not constitute a registered domestic partner unless one or more of the individuals are age 62 or older and also meet the eligibility criteria for Medicare.

The legal definition of a domestic partnership per California Law: A registered domestic partner is established between two same-sex adults age 18 and older whom:

(1) Share a common residence,
(2) are not married to, or in a domestic partnership with, another adult;
(3) are not related by blood; and
(4) have filed a Declaration of Domestic Partnership with the California Secretary of State

FOR MORE INFORMATION ON HOW TO ENROLL A DOMESTIC PARTNER - PLEASE CONTACT THE TRUST FUND OFFICE.

DISCLOSURE:
Any information contained in this brochure does not supersede any of the information contained in your **Summary Plan Description** and should be considered only as a tool for your use. This publication does not contain all of the rules and regulations pertaining to the subject discussed in this publication and are subject to change at any time. For full disclosure of all of the rules and regulations pertaining to any of your benefits, please refer to your **Summary Plan Description** and any accompanying **Rules and Regulations** and then contact the Trust Office with your questions.

8/7/2013

Dependent Enrollment

Ironworker Employees' Benefit Corporation

I.E.B.C.

Administrator for

California Field Ironworkers Trust Funds

Pension Trust • Welfare Plan
Vacation Trust • Annuity Trust
Apprenticeship Training & Journeyman Retraining Fund
Ironworkers Workers' Compensation Program (ADR)

131 No. El Molino Avenue
Suite 330
Pasadena, CA 91101-1878

Tel: 626.792.7337
or 1.800.527.4613

Visit us on the web at:
www.ironworkerbenny.com

Adding a Legal Spouse

When a participant marries, the medical, dental, life insurance and vision programs will cover the spouse once enrolled. To enroll the spouse for coverage, the member should call the Trust Fund Office and **request an enrollment form. You must complete and return the form to the Trust Fund Office along with the non-certified certificate of marriage within 31 days** in order for the spouse's coverage to begin on the date of marriage. A copy of the certified and recorded marriage certificate must be provided to the Trust Fund Office within six (6) months of the date of marriage for coverage to continue.

Step-children will be covered if they meet the eligibility requirements for a Dependent child retroactive to the date of marriage of the natural parent and the stepparent.

Documents required to enroll a legal spouse:

(1) Enrollment Form (must include SSN and DOB)
(2) HMO Change Form (when applicable)
(3) Copy of the temporary or keepsake marriage certificate (good for up to 6 months of eligibility only)
(4) Copy of the certified and recorded marriage certificate from the Hall of Records from the county in which the marriage was performed.

In the Event of Legal Separation or Divorce

If the member and spouse become legally separated or divorced, the spouse will no longer be eligible for coverage. However, the spouse may elect to continue coverage under COBRA for up to 36 months. ***The member or spouse must notify the Trust Fund Office within 60 days after the divorce or legal separation in order for the spouse to obtain COBRA continuation coverage*.**

At this time, participants should be sent a new Enrollment Form in order to update beneficiary designations for Life and AD&D benefits.

Documents required to terminate coverage of a legal spouse:
(1) Final Judgment of Divorce
(2) Court Filed Legal Separation Judgment

Dependent Children

A natural child will be eligible for coverage on their date of birth, **provided the member completes and returns the Enrollment Form within 31 days from the date of birth**. The hospital certificate will be accepted for temporary coverage only for a period up to six months from the date of birth. A certified and recorded birth certificate must be received within six (6) months of the date of birth for coverage to continue.

Failure to enroll the child within 31 days from the date of birth could result in a delay of coverage until the next open enrollment.

If a child is placed with the member for adoption, he or she will be eligible for coverage on the date of placement as long as the member has assumed legal responsibility for the financial support of the child and provided the Trust Fund Office with a copy of the certified and recorded birth certificate. Dependents cannot be made eligible solely based on the member having legal guardianship.

Documents required to enroll a newborn or dependent child:

(1) Enrollment Form (must include SSN and DOB)
(2) HMO Change Form (when applicable)
(3) Copy of the temporary or keepsake birth certificate (good for up to 6 months of eligibility only)
(4) Copy of the certified and recorded birth certificate from the Hall of Records from the county in which the child was born.

If a Dependent Child Loses Eligibility

For active participants, a child is no longer eligible for coverage when he/she reaches age 26. For retired participants, a child is no longer eligible for coverage when he/she reaches age 21 (age 24 if a full-time student). The child will be removed from the Dependent listing as soon as he or she is no longer eligible.

A dependent may elect to continue coverage under COBRA for up to 36 months. *The member and the dependent will be notified by the Trust Fund Office within 90 days prior to the child no longer being qualified as a Dependent in order for your child to obtain COBRA continuation coverage*.

If the child is not capable of self-supporting employment because of a physical or mental handicap, you may continue coverage for that child for as long as your own coverage continues. To qualify, your child's disability must begin before the child reaches age 26.

Qualified Medical Child Support Orders

If received, a Qualified Medical Child Support Order (QMCSO) can cause a child to be made eligible without the Trust Fund Office requiring any additional documentation. The child(ren) named on the QMCSO will be made effective the first of the month in which the order is received and will remain eligible unless otherwise notified by the organization issuing said order; unless, the child(ren) becomes ineligible based on the Plan rules and regulations. **A QMCSO could have an effect on benefit coverage or elections in the event that coverage must be provided for a child residing in an area in which the current plan of coverage is not available.**