

Alaska United Food and Commercial Workers Trust Funds

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Administered by
Welfare & Pension Administration Service, Inc.

November 11, 2021

**TO: ALL ACTIVE PARTICIPANTS
ALASKA UFCW HEALTH AND WELFARE TRUST**

RE: ANNUAL OPEN ENROLLMENT AND 2022 BENEFIT INFORMATION

**THIS NOTICE CONTAINS IMPORTANT INFORMATION REGARDING
ANNUAL OPEN ENROLLMENT FOR YOUR HEALTH COVERAGE AND
BENEFIT CHANGES EFFECTIVE JANUARY 1, 2022**

PLEASE READ THIS INFORMATION CAREFULLY

DEADLINE TO ENROLL FOR HEALTH COVERAGE IS DECEMBER 17, 2021

**FAILURE TO COMPLETE AND RETURN THE ENCLOSED ENROLLMENT FORM WILL
CAUSE LOSS OF HEALTH PLAN ELIGIBILITY**

The Alaska United Food and Commercial Workers Health and Welfare Trust's (the Trust) annual open enrollment is being held through December 17, 2021. **All employees must affirmatively elect whether they wish to enroll themselves and each eligible dependent into the health plan.**

Payroll Deductions

The Trust requires a weekly payroll deduction of \$15.00 per week to cover yourself, \$30.00 per week to cover yourself and all eligible children, or \$35.00 per week to cover yourself and your family, including your spouse.

Dependent Coverage

During the open enrollment period, you have the opportunity to add or remove your eligible dependents from your health plan. Please note, supporting documentation such as a marriage or birth certificates must be on file at the Administration Office. Any change you make now will be effective **January 1, 2022**. Note: Members in their first 12 months of coverage through the Trust are generally not eligible to cover dependent children, and are not generally eligible to cover their spouse during the first 24 months of coverage, unless the member has completed 1,200 hours of covered employment. A spouse that has health coverage available through his or her employer but does not elect or accept such coverage is disqualified from coverage under this Plan.

If you do not list your dependents on the Enrollment Form, and if you do not check the box to authorize the appropriate weekly payroll deduction, you will not be able to enroll your dependents until the next annual open enrollment period, unless your dependents lose other group coverage due to certain circumstances, such as termination of employment, reduction of hours, exhaustion of COBRA continuation coverage, etc.

Open Enrollment Deadline

Your completed Enrollment Form must be returned to the Administration Office **no later than December 17, 2021**. This will ensure that the Trust records and eligibility reflect your election. Please keep the yellow copy of the Enrollment form for your records. **Be advised that failure to complete and return this form will cause loss of health plan eligibility for you and your dependents.** You may return your completed Enrollment Form and supporting documentation for dependents (marriage certificate and/or birth certificates) in one of the following ways:

- Use the enclosed return envelope
- Scan and e-mail to AKUFCWforms@wpas-inc.com
- Fax to (907) 561-4802

If you have questions regarding the open enrollment process, please contact the Administration Office at (800) 478-8329, ext. 4704.

Summary of Benefits and Coverage

In accordance with the Affordable Care Act as amended, the Trust is required to provide a **Summary of Benefits and Coverage (SBC)** to all participants and beneficiaries; you will find this document enclosed. The SBC only applies to the individual or individuals enrolled in the Plan. If you have not enrolled and paid for coverage for your dependents they are not eligible for coverage. Please note: the SBC furnished to the participant will be considered provided to dependents unless the Plan has been advised of a different address for dependents.

The SBC is intended to help you better understand the coverage currently available to you and what the Plan covers and what it costs. Included in the SBC are “coverage examples,” which estimate what the Plan might cover in common medical situations. It is important to note that the SBC is only a **summary** and does not replace the Summary Plan Description (Plan booklet). **The SBC is not intended to be a cost estimator and should not be used to estimate your actual costs.**

A **Uniform Glossary of Terms** has also been published by the government. This document is intended to describe terms commonly used in health insurance coverage, such as “deductible” and “copayment.” To obtain a copy of the Uniform Glossary of Terms, contact the Administration Office at (800) 478-8329.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. Should you have any questions, please contact the Administration Office at (800) 478-8329.

Administration Office Alaska UFCW Health and Welfare Trust

Enclosures

Important Reminder - You must advise the Administration Office of any changes in your basic demographic data, including changes in your name, marital status, dependents, other insurance coverage available, designated beneficiary, home address, email address and telephone number. Provide information changes by completing and sending a new Enrollment Form to the Administration Office. If you have a change in dependents, divorce requires a complete filed copy of your divorce decree along with any accompanying court orders including the parenting plan. Marriage requires a copy of your marriage certificate, the parenting plan for step children and their birth certificates.

Failure to update your information on file may interfere with our ability to process your benefits and provide timely communication of important Plan information.