



Southern California United Food & Commercial Workers Unions and Food Employers Joint Benefit Funds Administration, LLC

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scufcwfunds.com

Enrollment Form Instructions for Retirees

KEEP FOR YOUR RECORDS

Fill out this Enrollment form to:

- Enroll yourself and your eligible dependents for Retiree coverage;
- Non-Plan “E” Retirees only, re-enroll or disenroll for medical coverage;
- Change your medical coverage and enroll or disenroll for dental coverage, if you are eligible for dental coverage; and
- Add or delete eligible dependents or report a change of name.

Instructions for Completion of Enrollment Form:

Section 1. Enrollment or Notice of Change

Check the applicable box(es) to indicate the reason you are submitting this form.

Section 2. Retiree’s Information

Complete the ENTIRE section. Indicate whether you have additional health coverage under the Fund or from another source, including a spouse/domestic partner’s employer. Check the box next to the plan you choose. The HMOs listed to the left are for persons not yet eligible for Medicare. The HMOs on the right are for those eligible for Medicare. In the Indemnity PPO Medical Plan, you may go to any physician you choose. For the most up-to-date information about which providers are in your medical plan, call Anthem or the HMO’s member services department, or access the Plan’s provider directory at scufcwfunds.com. If you choose UHC Medicare Advantage, make sure you and your family live in its service area. For all HMO coverage you must live or work in the HMO's service area.

Non-Medicare retirees and/or dependents in UHC have to choose one of UHC’s networks; ALL enrolled family members must be in the same network. You and each family member must choose a primary care physician (PCP) who is in **that same network. You must select a network!**

- If you live in Kern, Los Angeles, Orange, or Ventura County, you must choose Network 1, 2, or 3, based on the PCP you choose.
- If you live in Imperial, San Luis Obispo, or Santa Barbara County, choose “I am in a Non-Flex zip code.”
- If you live in Riverside, San Bernardino, or San Diego County, you may be in Network 1, 2, or 3, or Non-Flex. Contact UHC to determine whether you are in a Flex or Non-Flex ZIP code.

If you are enrolling in UHC Medicare Advantage, enter the PCP you care to use. Indicate whether you are a current patient of that physician or group. If you do not provide this information, UHC will assign the medical group that is closest to you and place you in the most efficient network (does not apply to Medicare HMOs) to which that medical group belongs.

Note - If you are eligible for Medicare and enroll in a Medicare HMO, you must also complete an HMO Enrollment form and might be required to provide the HMO with a copy of your Notice of Creditable Coverage (NOCC). If you are changing from a Medicare HMO to the Fund’s Indemnity PPO Medical Plan, you must also complete a disenrollment form with the Medicare HMO.

Section 3. Spouse/Domestic Partner Information

List your spouse/domestic partner (a legally married spouse or state registered domestic partner of the same gender and if not, one or both partners at least age 62, if a California partnership). Your spouse/domestic partner must select the same plan you do unless he or she is enrolled in a Medicare plan not offered by this Fund. If you are a surviving spouse of a deceased participant or Retiree, complete this section, and enter your own social security number. Note that you might be responsible for paying taxes on the imputed value of your domestic partner's coverage. For UHC or UHC Medicare Advantage, enter PCP. Indicate whether your spouse/domestic partner is a current patient of that physician or group. If you do not provide this information, your spouse/domestic partner will automatically be enrolled with the same medical group as you.

To enroll a spouse/domestic partner – Send a copy of marriage certificate or registration of domestic partnership within 120 days of marriage or formation of partnership. The marriage certificate must be certified by the county recorder.

Section 4. Dental Plan Selection

Refer to the Summary Comparison of Medical & Dental Plans or the Fund’s website at scufcwfunds.com for cost of coverage and enrollment requirements. Check the dental plan that is best for you. The Indemnity Dental Plan allows you to choose your own dentist. If you enroll in the Prepaid Dental Plan, you must use services from that dental office. Coverage will automatically continue until you cancel coverage by notifying the Fund office in writing, and you may do so only as of December 31 of any year. You may not reenroll until the third Open Enrollment after your disenrollment. Other procedures may apply if you are enrolled in a Medicare HMO.

Section 5. Dependent Children Information

List all dependents you wish to enroll. For UHC or UHC Medicare Advantage, enter the PCP codes for each family member. Indicate whether your child is a current patient of that physician or group. If you do not provide this information, your child will automatically be enrolled in the same medical group as you. Refer to the HMO’s website for the codes or call the HMO for help. You can get to their website by clicking on “Healthcare and Member Assistance Resources” on the Fund’s website at scufcwfunds.com. If your dependent child is covered under another employer's medical plan, fill in the plan name, employer and primary insured on a separate sheet.

Dependents of Retirees Defined

- A natural child, legally adopted child, step-child, unmarried foster child or a child of a domestic partner, who is under 19 years of age and dependent on you for support, or is a full-time student in an accredited educational institution, age 19 up to 24.
- An unmarried child, legally adopted child, step-child, foster child, child of a domestic partner, over age 19, who is unemployable because of permanent mental or physical qualifying disability that began prior to age 19 or between the ages of 19 and 24 while covered as a dependent and full-time student.

Documents Required For Enrolling Dependents

You must supply certain documentation when enrolling a new spouse/domestic partner, child, stepchild, adopted child, foster child or child of a domestic partner, unless the Fund already has this documentation.

If you are enrolling a newly acquired dependent outside of Open Enrollment, you must submit the documents listed below within 120 days of the date you acquired the new dependent. If you have any questions, call the Fund office, extension 445.

To enroll a child – Send a copy of birth certificate or adoption decree, listing both the first and last names of both parents, certified by the county recorder, within 120 days of event.

To enroll a child pending final adoption – Send placement forms and UFCW Adoption Placement form (available from your Union Local or Fund office).

To enroll stepchildren or children of domestic partner – Send a copy of participant's marriage certificate (stepchildren) or certificate of registration of domestic partnership and child's birth certificate within 120 days of marriage or formation of domestic partnership. Marriage certificates and birth certificates must be certified by the county recorder.

To enroll disabled children over age 18 – Send the UFCW Eligibility for Disabled Dependent Children form (available from Union Local or Fund office).

To enroll foster children – Send the UFCW Application for Coverage of a Foster Child as an Eligible Dependent (available from Union Local or Fund office) and a copy of the documents required, as shown on that form.

To enroll dependent full-time students from age 19 through age 23 – Send a UFCW Student Certification (available from Union Local or Fund office).

Section 6. Disenroll/Delete Dependents

Show spouse/domestic partner and/or those children you wish to delete and the reason you want to delete them. In the event of a divorce or termination of domestic partnership, immediately notify the Fund office and send a copy of the Final Judgment of Dissolution of Marriage or proof of termination of domestic partnership. Children will be deleted at the end of the month in which they reach 24. Stepchildren and children of a domestic partner will be removed from coverage if you are divorced or if your domestic partnership is terminated.

Section 7. Authorization And Verification

Please read this section carefully, sign and date where indicated:

- If you are enrolling/enrolled in the Indemnity PPO Medical Plan, sign only on signature line 1.
- If you are enrolling/enrolled in Kaiser, sign on both lines 1 and 2.
- If you are enrolling/enrolled in UHC, three signatures are required, line 1, line 3 and line 4.

Then, mail your Enrollment form to the Fund office along with any required documents listed above.

Changes

- If you are changing plans, please list your dependents on this form.
- Do NOT send copies of the documents listed above if you have already sent them for the dependents listed on the enrollment form.
- DO send copies of any documents listed above if you are enrolling a new dependent or if you have divorced, married or remarried since you last completed an enrollment form.

If you have questions, please call your Union Local, or the Fund office, extension 445.

Special Enrollment Rights

You, your spouse or registered domestic partner, and/or your dependent child(ren) may be eligible for special enrollment rights under the United Food & Commercial Workers Unions and Food Employers Benefit Fund outside Open Enrollment if:

- You or one of your dependents loses other medical coverage - including COBRA, Medi-Cal (Medicaid outside California) or a State Children's Health Insurance Program (CHIP) coverage.
- You acquire a new dependent as a result of marriage, a registered domestic partnership, birth, adoption or placement for adoption (while you are eligible for coverage).
- You or one of your dependents become eligible for Medicaid or CHIP premium assistance.

If you request a special enrollment within 120 calendar days of one of these events, your coverage will be retroactive to the date the event occurred. If your request is after 120 days following the event and no later than the end of that year's Open Enrollment period, coverage is effective the first day of the month after the Fund Office receives your enrollment forms.

Participating Union Locals

UFCW Local 8

Bakersfield – 661-391-5773 or
661-391-5770

UFCW Local 135

San Diego – 619-298-7772 or 800-545-0135

UFCW Local 324

Buena Park – 800-244-8329 or 714-995-4601

UFCW Local 770

Los Angeles – Main Office
213-487-7070 or 800-832-9770

Arroyo Grande – 805-481-5666

Camarillo – 805-383-3300

Harbor City – 310-784-5340

Huntington Park – 323-923-1510

Newhall – 661-259-9900

Santa Barbara – 805-681-0770

UFCW Local 1167

Bloomington – 909-877-1110

UFCW Local 1428

Claremont – 909-626-6800

UFCW Local 1442

Inglewood – 310-322-8329