



KEEP FOR YOUR RECORDS

Instructions for Completion of Enrollment Form:

Section 1 . Enrollment/Notice of Change

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

Section 2. Coverage Desired

Check only one box.

Section 3. Participant's Information

Complete the ENTIRE section. Indicate whether you have additional health coverage under the Fund or from another group plan.

Section 4. Medical Plan Selection

Check the box next to the plan you choose for you and your family members. Plan choices are the Indemnity PPO Medical Plan or an HMO. In the Indemnity PPO Plan, use a provider who is in the Blue Cross PPO (Prudent Buyer) Network by referring to the Anthem website, anthem.com/ca, the Fund's website, scufcwfunds.com under "Healthcare and Member Resources" or by calling Anthem at 855-686-5613.

If you choose UHC Signature Value Flex HMO coverage, make sure you and your family live in UHC's service area. **For UHC, you must select a network!** All enrolled family members must be in the same network.

- If you live in Kern, Los Angeles, Orange, or Ventura County, you must choose Network 1, 2, or 3, based on the Primary Care Physician (PCP).
- 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.

Contact UHC or the Fund office to determine which is applicable for you. For UHC or Kaiser coverage you must **live or work** in the HMO's Service Area. You can find which providers are in your plan's network by accessing plan websites, and customer service telephone numbers, through the Fund's website, at scufcwfunds.com.

Section 5. Dental Plan Selection

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. If you enroll in a Prepaid Dental Plan outside of Open Enrollment (OE), you must remain in that plan until the third OE following the change.

Section 6. Spouse/Domestic Partner Information

Complete this section and indicate if your spouse/domestic partner works for an employer that offers medical coverage. It is strongly recommended that he or she enroll in that employer's best medical plan, and must fill in the information about other coverage. Otherwise, benefits for your spouse or domestic partner will be significantly reduced. To meet the Fund's criteria for a registered domestic partnership in California, both persons must be of the same sex or one or both persons must be at least 62 years of age. Note that you might be responsible for paying taxes on the imputed value of your domestic partner's coverage. Call the Fund office for further information. For UHC, enter primary care physician within the network selected in Section 4. 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 in the same medical group as you.

Documents Required: *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 County Recorder.

Section 7. Eligible Children Information

Children of Active Employees Eligible to Enroll

- A natural child, legally adopted child, step-child, or a foster child placed by a government agency or court order, all under 26 years of age
- An unmarried child of your domestic partner or a foster child placed other than by a government agency or court order, who is dependent on you for support and is a full-time student in an accredited educational institution, age 19 up to age 24
- An unmarried natural child, legally adopted child, step-child, or a foster child placed by a government agency or court order, over age 25, who is unemployable because of permanent mental or physical disability that began prior to age 26
- An unmarried child of your domestic partner, or a foster child placed other than by a government agency or court order, over age 18, who is dependent on you for support and is unemployable because of permanent mental or physical disability that began prior to age 19 or between the ages of 19 and 24 while covered as a dependent and full-time student.

List the child(ren) you wish to enroll. Newly acquired children (e.g. through birth, adoption, marriage, or a registered domestic partnership) must be enrolled within 120 days of the date you acquire them, during Open Enrollment or when you first become eligible. Refer to "Documents Required For Enrolling Children" below. If any are covered under another employer's medical plan, fill in the name of the plan, employer and the person who is the primary insured under the other medical plan (for example,

if your child is covered under your spouse or domestic partner's employer's plan, the primary insured would be your spouse or domestic partner).

For UHC, enter a primary care physician within the network selected in Section 4. 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.

Documents Required for Enrolling Dependents

You must supply certain documentation when you add a spouse/domestic partner, child, stepchild, adopted child, foster child or child of a domestic partner. If the Fund already has this documentation, you do not need to supply it again.

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.

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 form for Adoption Placement (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 – Send UFCW Eligibility for Disabled Dependent Children form (available from Union Local or Fund office).

To enroll foster children – Send UFCW Application for Coverage of a Foster Child as an Eligible Dependent (available from Union Local or Fund office) and a copy of the court order or tax return showing child's name listed as your dependent.

Section 8. Disenroll/Delete Dependents

Show spouse/domestic partner and/or those children you wish to delete. 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 26. Stepchildren and children of a domestic partner will be removed from coverage if you are divorced or if your domestic partnership is terminated.

Section 9. Authorization And Verification

Please read this section carefully and sign and date as follows:

- If you are enrolling/enrolled in the Indemnity PPO Plan, sign only on line one.
- 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. By signing the form, you are authorizing the Fund to direct your Employer to deduct your contribution towards the health care premium from your weekly wages, based on the coverage you selected.

Changes

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

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 becomes eligible for Medi-Cal, 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