

New York State Teamsters Council Health & Hospital Fund

PO Box 4928 • Syracuse, New York 13221-4928 • Telephone: 315-455-9790 • Facsimile 315-234-1046 • e-mail: benefits@nytfund.org

ANNUAL COORDINATION OF SPOUSE BENEFITS FORM

*** Must be completed by Spouse's Employer***

Teamster Member Name: _____ Teamster ID#: _____

Spouse's Name: _____

COB RULES:

- Please refer to the reverse side of this form for detailed rules and explanations.
- If your spouse is NOT Employed or Self Employed, please check 'NO' and indicate reason.
- Coordination of Benefits is a requirement under the New York State Teamsters and regardless of open enrollment restrictions your spouse is required to enroll in their Benefit Plan if the Fund determines your spouse meets the requirements.

SPOUSE COVERAGE INFORMATION:

Is employee eligible for health benefits? YES NO

If NO, then please advise: Part-Time Not Offered Other: _____

If YES, is the ONLY Health Plan offered a High Deductible Health Plan with an HSA or HRA Offering?
 YES NO

If YES, please complete only the Employer Information Section at bottom.

If NO, please indicate EMPLOYEE'S contribution rate for your Benefit Plan for Medical and Prescription coverage only regardless if employee is enrolled:

Single Contribution: \$ _____ Weekly Bi-Weekly Monthly

Family Contribution: \$ _____ Weekly Bi-Weekly Monthly

Employee's Gross Average Earnings: \$ _____ Weekly Bi-Weekly Monthly

If employee is currently enrolled in your Benefit Plan please complete the following:

MEDICAL

Single
 Family
Effective Date: _____
Carrier Name: _____
Policy #: _____

RX PLAN

Single
 Family
Effective Date: _____
Carrier Name: _____
Policy #: _____

DENTAL

Single
 Family
Effective Date: _____
Carrier Name: _____
Policy #: _____

EMPLOYER INFORMATION:

Company Name: _____
Company Representative: _____
Telephone Number: _____
Fax Number: _____
E-Mail Address: _____
Date: _____

Next open enrollment period: _____ for coverage effective date: _____.

NEW YORK STATE TEAMSTERS COUNCIL HEALTH & HOSPITAL FUND

ELIGIBILITY RULES FOR COORDINATION OF BENEFITS

- Under the rules of the Fund, the Teamsters member must enroll in coverage according to the member's marital status.
- Medical and Prescription cost only will be reviewed for testing purposes.
- Under the rules of the Fund, if health insurance is offered by the spouse's employer and the weekly cost of the insurance is 1 - 5% of your average weekly gross, then the spouse is **REQUIRED** to enroll in at least a **SINGLE** plan. The spouse's claims would be submitted to their coverage as primary and balances submitted to the Teamsters coverage as secondary.
- Under the rules of the Fund, if health insurance is offered to the spouse at **NO** cost (0%) and the spouse would be primary per the Birthday Rule, then the spouse is required to enroll in Family coverage. The dependent children's claims would be submitted as primary under the spouse's coverage and balances would be submitted to the Teamsters as secondary according to the Birthday Rule.
- **BIRTHDAY RULE – the parent whose birthday (month and day) is earlier in the year is PRIMARY.**
- Under the rules of the Fund, a spouse cannot “opt out” of coverage or decline coverage due to a buyout or monetary payment not to enroll in the coverage. Should a spouse not follow the Fund rules, the spouse and possibly your dependents **WILL NOT** be covered under the Fund.
- If the spouse is offered an HSA or HRA with a High Deductible Plan, **NO** Coordination of Benefits is allowed under Federal Rules. The spouse may decline the HSA / HRA Plan and have primary coverage under the Teamsters as long as another plan is **NOT** available.
- If a spouse chooses to remain covered under an HSA or HRA then their coverage will be terminated under the Teamsters plan due to Federal Rules.
- Spouse **DOES NOT LOSE** coverage under the Teamsters plan and balances can be submitted as secondary.
- If your spouse makes any approved changes to their coverage an updated Spouse Benefits Form indicating the changes with effective dates must be submitted. If the Fund approves the spouse to decline coverage, a copy of their Certificate of Group Health Coverage showing termination dates must be submitted. Once received, the files will be updated with these changes.
- **Step Children and Biological Children's** coverage that was previously determined by a Divorce Decree or Family Court Order to finalize primary/secondary coverage **may not** be changed due to the spouse's Coordination of Benefits testing.