

IBEW LOCAL 1392

FRINGE BENEFIT FUNDS

International Brotherhood of Electrical Workers Local No. 1392 Health and Welfare Fund
International Brotherhood of Electrical Workers Local No. 1392 Pension Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

FREQUENTLY ASKED QUESTIONS

How are my benefits Funded?

The primary source of financing for the benefits provided under the Health & Welfare Fund and for the expenses of Fund operations is employer contributions.

What are the Fund's eligibility requirements?

A newly hired Employee will be eligible for coverage under the Plan on the first day of the fourth month after his/her hire date. Withholding of assessments payments from paychecks begins two months prior to date of eligibility. With the initial eligibility rules, it will not be necessary to have 475 hours contributed on their behalf.

Continuing Eligibility requires one of the following:

475 hours in the contribution quarter preceding the eligibility quarter, or 1900 hours in the four (4) consecutive contribution quarters preceding the eligibility quarter

What do I do if my employer does not remit my fringes?

First, call your employer. There may be a very good reason that the fringes have not been remitted. If your employer cannot explain the reason to your satisfaction, you should contact the Local Union.

How can I add my dependents to the Plan?

Complete a "Yearly Coordination of Benefits Form" and submit copies of marriage or birth certificates. [Click HERE to download form.](#)

What do I do when I get divorced?

You must send a copy of your complete divorce decree otherwise coverage will be maintained for your ex-spouse. If the Fund pays for benefits that should not be paid because your spouse no longer meets the definition of a dependent, you will be held responsible. Divorce Decree should be remitted within 30 days.

When does coverage stop for my dependent children?

Dependent children are covered through the end of the month in which they turn 26.

The Health Care and Education Affordability Reconciliation Act of 2010 requires the Fund to extend Adult coverage up to age 26 effective June 1, 2011. Therefore, if you are eligible for benefits and you have a child that was previously covered in the Plan, and their coverage was terminated; you should complete a “Request for Extension of Dependent Coverage” and return it to the Fund Office. Coverage may continue until the last day of the month in which that adult child turns 26 years old or earlier if you do not maintain your eligibility under the Plan.

Can I continue coverage when I retire?

Yes, provided you meet the retiree requirements for maintaining coverage.

Refer to page 8 of the Summary Plan Description. Click [HERE](#) to open.

What do I do if I am injured and cannot work?

If you become permanently and totally disabled, or totally (but not permanently) disabled and unable to work in the trade or perform any other gainful employment, your eligibility will be maintained according to the rules on [page 6 of the Summary Plan Description](#). Click [HERE](#) to open.

What is COBRA?

COBRA is the Consolidate Omnibus Budget Reconciliation Act of 1986. COBRA requires that the Fund provide coverage for participants and their dependents that may not otherwise be offered. COBRA is available for dependents who no longer meet the definition of a dependent as defined by the Plan. Please contact the Fund Office for the current COBRA rates.

What is Coordination of Benefits?

Coordination of Benefits or COB coordinates benefits with other health benefits you may have such as coverage through your spouses’ employer.