

AGC Health Benefit Trust

Special Enrollment Notice

Under the special enrollment provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you may be eligible, in certain situations, to enroll in a medical benefit offered under the Associated General Contractors Health Benefit Trust (the “Trust”) during the year, even if you previously declined coverage. This right extends to you and all eligible family members.

You will be eligible to enroll yourself and eligible family members in the Trust if, during the year, you or your family members have lost coverage under another plan for any of these reasons:

- Coverage ended due to termination of employment, divorce/termination of life partnership, death, loss of dependent status or a reduction in hours that affected benefits eligibility;
- Coverage because you or your dependents no longer live or work in a plan’s service area;
- Employer contributions to the plan stopped;
- The plan was terminated or discontinued; or,
- COBRA coverage ended

If you gain a new family member during the year as a result of marriage/commencement of life partnership, birth, adoption or placement for adoption, you may enroll that family member, as well as yourself and any other eligible family members in the Trust, even if you previously declined medical coverage.

Please note that special enrollment rights will be extended only if you notify Benefit Solutions, Inc. at (877) 694-8291 within 30 days of the event.

Additional special enrollment rights are available if you or your dependents:

- Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage; or
- Become newly eligible for a state premium assistance program for qualifying child to pay for an employer health plan.

To qualify, you must notify Benefit Solutions, Inc. at (877) 694-8291 within 60 days of the Medicaid/CHIP qualifying event.

If you meet any of the above requirements, you will be allowed one of these options:

- Enroll your dependents in your current medical coverage; or
- Enroll in any medical plan option for which you and your family members are eligible.