

UA LOCAL 190 HEALTH AND WELFARE FUND

New Member Welcome Letter

Dear Member:

Congratulations on your membership into UA Local 190 Plumbers/Pipefitters/Service Technicians/Gas Distribution Union. Enclosed please find the following items in connection with the benefits available under the UA Local 190 Fringe Benefit Plans. **Items in blue and red must be completed and returned to the office to be enrolled in the benefits plans.**

1. *Health Plan Application – Must also include the applicable documents from list below.*
 - * **BIRTH CERTIFICATES ON YOURSELF AND ALL DEPENDENTS**
 - * **MARRIAGE LICENSE (IF APPLIES)**
 - * **ADOPTION/GUARDIAN PAPERS (IF APPLIES)**
2. *Met Life Insurance Beneficiary Form*
3. *Pension Beneficiary Designation Form*
4. *Empower Beneficiary Designation Form (401(k))*
5. *Blue Burial Benefit Card (UA)*
6. *HIPPA Privacy Notice*
7. *HIPPA Privacy Authorization*
8. *SUB Pay Deposit Agreement*
9. Blue Cross Blue Shield Benefits-at-a-Glance
10. Delta Dental Summary

Please complete all the forms in their entirety and return them to our office. It is important that we have all the information requested returned to us as soon as possible so that we can add you and your family to all group health policies.

The effective date of your health care coverage will not begin until we receive all the required health care forms, and you have accumulated sufficient hours to obtain initial eligibility. (spd section 2)

If you have any questions regarding the above or have any other benefit questions, please contact our office.

Sincerely,

Bernadette Maus
Benefits Manager