

**NECA-IBEW LOCAL NO. 364  
HEALTH & WELFARE FUND**

***ELECTION TO CHANGE TO  
MINIMUM COVERAGE SELF-PAYMENT PROGRAM***

I \_\_\_\_\_ elect to switch from the current coverage offered by the Plan through my COBRA self-payments to the “Minimum Coverage” self-payment program.

I understand that this is a one-time only opportunity to switch to the Minimum Coverage plan and I will not be permitted to switch back to the full coverage offered through the Plan until such time as I reestablish eligibility by way of employer contributions as described in the Summary Plan Description (120 hours in a one month period eligible the first day of the month following the one month bookkeeping period).

I also understand that the maximum monthly payments allowed under the Plan (COBRA and the Minimum Coverage ***combined***) is thirty-six.

The benefits ***included*** under the Minimum Coverage Plan include hospital emergency room for accidental injuries and life threatening illnesses, medically necessary hospital in-patient care, and medical necessary diagnostic, x-ray and laboratory services.

I further understand that the benefits available under the Minimum Coverage Plan ***do not*** include the following:

|   |                           |
|---|---------------------------|
| Prescriptions                               | Pre-Post Natal Visits     |
| Office call coverage                        | Physical Examinations     |
| Disability Benefits                         | Well Child Care           |
| Death Benefits                              | Immunizations             |
| Accidental Death and Dismemberment Benefits | Physical Therapy          |
| Allergy Services                            | Speech Therapy            |
| Chiropractic Care                           | Durable Medical Equipment |
| Out Patient Mental and Nervous Treatment    | Dental Benefits           |
| Out Patient Substance Abuse Treatment       | Vision Benefits           |
| Hear Care Benefits                          | Visiting Nurse Benefits   |
| Medical Supplies and Dressings              | Pregnancy Benefits        |

***The above list is not all-inclusive.*** These are simply examples of some of the services that are not covered under the Minimum Coverage program.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Member ID or SS#

\_\_\_\_\_  
Participant's Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number (including area code)