

## **Plumbers and Steamfitters Local 33 Health and Welfare Fund**

### **Notice of Right to Opt Out of the Health Reimbursement Arrangement**

The Plumbers and Steamfitters Local 33 Health and Welfare Fund (the “Plan”) allows you to opt out of participation in the Plan’s Health Reimbursement Arrangement (“HRA”). The reason for this opt out option is found in the rules of the Affordable Care Act (“ACA”)

If you participate in the Plan’s HRA, the ACA considers you to have employer-sponsored health insurance coverage. This means you will be ineligible to obtain a federal subsidy for purchasing health insurance coverage through a state or federal health insurance Marketplace. (Please note: this is not the only criterion for subsidy eligibility. Other factors may affect your subsidy eligibility independent of your HRA coverage.)

You should carefully evaluate your options on the Marketplace. You should also understand the effects of choosing to opt out of the HRA.

If you decide to opt out of the HRA, the following will occur:

- Any money in your HRA account will be immediately forfeited;
- You will not receive any future reimbursements for any medical expenses for yourself or your dependents from amounts previously held in your HRA account;
- Your election will be permanent;
- You will not be allowed to re-enroll in the HRA even if you remain eligible for health insurance coverage under the Plan; and
- Any amounts that you forfeited will revert to the general assets of the Plan.

If you have questions regarding your coverage under the HRA, please contact the Fund Office.

**Plumbers and Steamfitters Local No. 33 Health and Welfare Fund**

**Health Reimbursement Arrangement**  
**Opt Out Election Form**

To exercise your opt-out rights under the HRA, please complete the information below, sign the form and submit it to the Fund Office no later than January 1, 2015.

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Participant Name:

\_\_\_\_\_

Name(s) of Dependents Covered under the Plan:

\_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (print name of Participant) am a participant in the Plumbers and Steamfitters Local No. 33 Health and Welfare Fund (the "Plan") and the Plan's Health Reimbursement Arrangement ("HRA"). I voluntarily elect to permanently opt out of participation in the HRA. I understand that, by making this election:

- Any money in my HRA account will be immediately forfeited;
- I will not receive any future reimbursements for any medical expenses for myself or my dependents from amounts previously held in my HRA account;
- My election will be permanent;
- I will not be allowed to re-enroll in the HRA even if I remain eligible for health insurance coverage under the Plan; and
- Any amounts that I forfeited will revert to the general assets of the Plan.

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date)

**PLUMBERS AND STEAMFITTERS LOCAL NO. 33**  
**HEALTH AND WELFARE PLAN**  
**DENTAL BENEFITS OPT-OUT FORM**

The Affordable Care Act requires the Plan to offer an opportunity for you to opt-out (waive coverage) for dental services payable under the Plan. **Understand that there is absolutely no advantage to your exercising your right to opt-out of the dental plan coverage.**

If you wish to opt-out of the Dental benefits provided through the Plumbers and Steamfitters Local No. 33 Health and Welfare Plan, please complete the form below and mail it to:

Plumbers and Steamfitters Local No. 33  
Health and Welfare Plan  
2501 Bell Avenue  
Des Moines, IA 50321

The form must be returned by no later than 12/1/2015.

I, \_\_\_\_\_, wish to opt-out of the Dental benefits provided through the Plumbers and Steamfitters Local No. 33 Health and Welfare Plan. I understand that Dental benefits are provided at no cost to me and I will not receive any consideration for choosing to opt-out of the Dental benefits.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE