

“NOTICE OF SPECIAL ENROLLMENT RIGHTS”
(As A Result Of A Qualifying Life Event)

If you are eligible for coverage under the UFCW Unions and Employers Health and Welfare Fund – Atlanta (“Fund”) plan of benefits (“Plan”), but you did not enroll yourself, your eligible spouse (if your Plan allows spousal coverage) and/or your eligible dependent children (if any) for coverage when you were first eligible to do so, you will be allowed to enroll yourself, your eligible spouse and/or your eligible dependent children for coverage **if any of the following sets of conditions (“Qualifying Life Events”) occur:**

Loss of Coverage Under Another Health Plan

1. You were, and/or your eligible dependent was, covered under a different health plan at the time coverage under the Fund previously was offered; and
2. Your and/or your eligible dependent's coverage under the other health plan ended because of (a) loss of eligibility, (b) termination of the covered individual's employer's contribution toward such other coverage, (c) exhaustion of coverage under COBRA, (d) if coverage was provided by an HMO, you and/or your dependent are no longer residing, living or working in the service area of the HMO and the HMO does not provide coverage for that reason; and
3. You request enrollment in the Fund, in writing, **no later than 30 days** after the date your and/or your eligible dependent's other coverage was lost for one of the reasons listed in item 2 above.

Loss of Coverage Under Medicaid or a State Children's Health Insurance Program (SCHIP).

1. You were, and/or your eligible dependent was, covered under Medicaid or SCHIP, and such coverage is lost;
2. You request enrollment in this Fund, in writing, **within 60 days** of the date Medicaid or SCHIP coverage terminates.

Eligibility for Financial Assistance Under Medicaid or SCHIP.

1. You and/or your eligible dependent become eligible to participate in a health insurance premium assistance program through Medicaid or SCHIP; and
2. You request enrollment in this Fund, in writing, **within 60 days** of the date you and/or your dependents are determined to be eligible for premium assistance through Medicaid or SCHIP.

If you submit a timely written enrollment request to the Fund, your coverage under the Fund will begin as of (a) the date coverage under the other health plan was lost; (b) the date coverage under Medicaid or SCHIP was lost; or (c) the first date of eligibility for a financial assistance program under Medicaid or SCHIP, as applicable.

New Dependent Beneficiaries (provided you are eligible for dependent coverage)

1. Subsequent to the date you were first eligible for coverage under the Fund, you get married, adopt a child, have a child placed with you for adoption, or a child is born to you; and
2. If you are eligible for dependent coverage and you request enrollment in the Fund for yourself and your dependent(s), in writing, no later than 60 days after the date of marriage, birth, adoption or placement for adoption, as applicable.

The effective date of coverage under the Fund will be the date of marriage, the date of birth, the date of adoption or the date of placement for adoption, as applicable, unless the following paragraph applies to you.

If you are already a participant in the Fund as of the date you adopt a child, have a child placed with you for adoption, or a child is born to you, your child will automatically be covered under the Plan as of the date of birth or the earlier of the date of adoption or placement with you for adoption, provided you are eligible for dependent coverage. However, you must name the child as your dependent during the next open enrollment period in order to continue the child's coverage under the Plan for the following year.

The Plan Document and this Notice of Special Enrollment Rights govern your rights to add or change your coverage under the Fund. In the event of a conflict between this Notice and the Plan Document, the Plan Document will control.