

Plumbers & Steamfitters Local Union No. 136
Voluntary Dental and Vision Plan Contract

Voluntary Dental and Vision Plan Establishment – The Plumbers & Steamfitters Local Union No. 136 Membership unanimously voted to establish a Voluntary Dental and Vision Plan at their Union Meetings on September 30, 2008 (Bloomington, IN) and October 1, 2008 (Evansville, IN).

Coverage Availability – Coverage through Plumbers & Steamfitters Local Union No. 136's Voluntary Dental and Vision Plan is available only to a Member in good standing of Local Union No. 136.

Enrollment – Open enrollment will occur on a yearly basis in November for coverage the following year. An enrollment form must be completed and signed by the Member and will commit the Member to one calendar year, or 12 (twelve) consecutive months of premium payments and coverage.

Payment – Invoices will be mailed to the enrolled Member on a quarterly basis, the 1st day of the month prior to the start of each quarter (December, March, June and September) and are due on or before the 10th of the same month as the billing. The invoiced amount will be determined by the option that the Member has chosen on the Enrollment Form. **Payment of the quarterly invoice shall be made payable to: Plumbers & Steamfitters Local 136 General Fund and submitted to Local 136, 2300 St. Joseph Industrial Park Drive, Evansville, IN 47720.**

Delinquent Payments – Upon signing the Enrollment Form, each Member agrees to make quarterly payments for one calendar year, or 12 (twelve) consecutive months. These quarterly payments will be collected and coverage provided for the following quarter in which they are paid. In the event the insurance has not been used and a payment is not received by the 10th of the month, the coverage will cease without notice to the Member, and the Member will not be allowed to participate in the Plan for the remainder of the year. In addition, if you receive benefits during the calendar year, you will be required to pay the delinquency and remain in the Plan for the remainder of the year. The quarters of coverage are as follows: January, February and March; April, May and June; July, August and September; October, November and December. **In addition, delinquent payments to the Plumbers & Steamfitters Local Union No. 136 Voluntary Dental and Vision Plan shall be payable before per capita dues and/or assessments, even if it results in the member's delinquency or expulsion.**

Persons Covered – The Member will choose, at the time of his or her enrollment, as to what family member will receive coverage. The options include: 1) Member Only; 2) Member/Spouse; 3) Member/Children; 4) Member/Family. The option selected shall be in effect during the enrolled year, and if so desired, may be changed for the following calendar year during re-enrollment to the Plan or upon a qualifying event.

Coverage Offered – Dental and vision coverage is offered; the Member can select to participate in both the dental and vision, or can choose either the dental or vision. This selection will be made at the time of enrollment and will continue throughout the enrolled year. If so desired, this selection can be changed for the following calendar year during re-enrollment to the Plan.

Premium Amounts – Premium amounts for the various options offered will be provided to the Member at the time of enrollment. Billing will be combined to include dental and vision if the Member chooses to participate in both.

Safety Glass Coverage – Safety glass coverage is not available.

I understand that my coverage becomes effective January 1, 2021, only if I have signed and returned page 3 of the Plumbers & Steamfitters Local Union No. 136 Voluntary Dental and Vision Plan Contract and also paid my first quarterly statement that will be mailed December 14, 2020 and due by December 31, 2020.

SIGNATURE PAGE

SIGN AND RETURN FOR 2021 VISION AND/OR DENTAL INSURANCE

Acceptance of Terms – I have read the above-listed terms of the Plumbers & Steamfitters Local Union No. 136 Voluntary Dental and Vision Plan and agree to accept and abide by the terms as stated herein.

Printed Name: _____

Signature: _____ Date _____
(Member)

The Voluntary Dental and Vision Plan will be effective upon the date of execution by an authorized representative of Plumbers & Steamfitters Local Union No. 136.

_____ Date: _____
John Bates