

# ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union –  
Pacific Maritime Association [www.benefitplans.org](http://www.benefitplans.org)

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109

PHONE (415) 673-8500

FAX (415) 749-1400

ILWU-PMA Pension Plan  
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

June 9, 2015

To: ILWU Longshore, Ship Clerk, Walking Boss/Foreman, and Watchmen  
Locals

From: Mario Perez, Manager, Welfare Plans

**Subject: ILWU-PMA Coastwise Indemnity Plan – Affordable Care Act –  
Minimum Essential Coverage Reporting  
Request for Dependent(s) Social Security Number(s)**

Attached is a copy of a letter mailing to dependents covered on the Coastwise Indemnity Plan who the Benefit Plans Office does not have a Social Security Number on file. As part of the Affordable Care Act (ACA), the Benefit Plans Office will be required to report to the IRS in 2016 all individuals who are provided Minimum Essential Coverage. As part of the reporting process, the Plan is required to report each covered family member's Social Security Number.

The letter to the member will only contain those dependents which the Plan does not have a Social Security Number on file.

Enclosure

cc: Area Welfare Directors

A copy of this memo can be downloaded at [www.benefitplans.org](http://www.benefitplans.org)

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June 2015

From: ILWU-PMA Welfare Plan (Coastwise Indemnity Plan ("CIP")) Member

Re: Affordable Care Act - Minimum Essential Coverage Reporting  
Request for Dependent(s) Social Security Number(s)

The Affordable Care Act (ACA) requires everyone to have minimum essential health insurance coverage or you may have to pay a fee with your federal income taxes. You must indicate whether you had minimum essential coverage when completing your federal income tax return. Further information can be found in the Internal Revenue Service (IRS) Publication 5187.\*

**As a member of the ILWU-PMA Welfare Plan-CIP ("Plan"), your coverage qualifies as minimum essential coverage.** The CIP also meets the minimum value standard of benefits of a health plan, **meaning you will not have to pay any fees with your federal income tax return.**

**Before February 1, 2016**, the Plan will send you a form (Form 1095) that lists the individuals (you and all of your dependents) who have coverage under the Plan for 2015. You may use this form to document that you are covered under the CIP. **This is a requirement of the Affordable Care Act that the ILWU-PMA Welfare Plan must comply with.**

In addition, under the Minimum Essential Coverage Reporting Requirements of the Affordable Care Act, health plans including the ILWU-PMA Welfare Plan, must provide reports to the IRS in March 2016 of all individuals covered under the CIP and your Social Security Number is required by the government for the report.

To comply with this requirement, the Plan must request social security numbers (the primary identifier used by the IRS) of every individual, including all dependents, covered under the Plan.

Every member is offered the opportunity to provide SSNs when enrolling in the Plan. However, if you did not provide that information, the Plan is required to follow-up on every individual with a missing or invalid SSN.

(over)

Our records show that we do not have Social Security Numbers on file for your dependent(s) listed below.

**Please provide this information in the space provided below and return this form to the Benefit Plans Office using the enclosed return envelope as soon as possible. We understand you may be concerned about sharing your SSN with others, so please contact the Benefit Plans Office at (415) 673-8500 if you have any questions or concerns before doing so.**

Dependent Name

Social Security Number

(1) JOHN DOE

\_\_\_\_\_

\_\_\_\_\_  
(Signature)

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

If you have any questions, please contact the Benefit Plans Office at the above address or telephone number or your Area Welfare Director (Joe Cabrales - [jcabrales@benefitplans.org](mailto:jcabrales@benefitplans.org), 415-885-2793), (Ty Gorton - [tgorton@benefitplans.org](mailto:tgorton@benefitplans.org), 503-226-0012), (Sam Alvarado - [salvarado@benefitplans.org](mailto:salvarado@benefitplans.org), 310-833-5144), (Andrea Stevenson - [astevenson@benefitplans.org](mailto:astevenson@benefitplans.org), 206-938-6720).

Thank you for your prompt attention to this matter.

\*This is intended for general information purposes only. It should not be construed as tax advice or as a recommendation of any kind.

Enclosure: Postage Paid Return Envelope

PLEASE RETURN THIS FORM IMMEDIATELY TO:

ILWU-PMA BENEFIT PLANS  
1188 FRANKLIN STREET, SUITE 101  
SAN FRANCISCO, CA 94109