

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —
Pacific Maritime Association 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

October 28, 2019

TO: Joint Port Labor Relations Committees, All Areas
ILWU Longshore, Ship Clerk, Walking Boss/Foremen Locals and
Watchmen Locals

FROM: Mario Perez, Director of Benefit Plans

SUBJECT: January 1, 2020 Mid-year Review of Welfare Plan Eligibility

Enclosed for your information are copies of form letters that were mailed to members listed on the recently distributed Mid-year Review Report as follows:

Notice (C05) was mailed on 10/21/19 to members listed as Possible Adds in Choice Ports.

Notice (C06) was mailed on 10/21/19 to members listed as Possible Adds in Non-Choice Ports.

Enclosure

cc: Area Welfare Directors - All Areas

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ILWU-PMA Pension Plan
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October 21, 2019

Hours in first half of 2019 payroll year

RE: Welfare Plan Eligibility Effective January 1, 2020

The ILWU-PMA Welfare Plan has determined that you are eligible for Welfare Plan benefits effective January 1, 2020. Your eligibility on this date is based on the **Mid-year Review** - 400 or more hours in the first half of the 2019 payroll year. Your credited hours in the first half of the 2019 payroll year are shown above.

You will be notified if your eligibility is terminated for any reason.

Welfare Plan benefits include hospital, medical, surgical, vision, prescription drugs, dental, hearing aid, death and dismemberment, non-industrial disability and alcoholism/drug recovery benefits.

Health Plan Choice - See Medical Program Choice Form. You may choose a qualified HMO (group practice) or the Coastwise Indemnity Plan.

Dental Plan Choice by Port Area

- S.F./Oakland Area: You may choose Delta Dental of California, Gentle Dental San Francisco or Dental Health Services.
- L.A./Long Beach Area: You may choose Delta Dental of California, Harbor Dental Associates or Dental Health Services.
- Portland/Vancouver Area: You may choose Delta Dental (Oregon/Washington Dental Service), Kaiser Dental Plan or LifeMap-Willamette Dental Plan.
- Washington Area: You may choose Delta Dental (Washington Dental Service) or Dental Health Services.

SEE OTHER SIDE FOR INSTRUCTIONS ON HOW TO SIGN UP FOR BENEFITS

(over)

HOW TO SIGN UP:

To process your Welfare Plan enrollment, please complete and return:

1. Medical Program Choice Form.
2. Enrollment Application for the medical plan you choose.
3. Dental Choice Form, if applicable.
4. Record Change Form and Important Notice Regarding Taxation to list your dependents (spouse, children) you wish to enroll in the ILWU-PMA Welfare Plan. Please follow carefully the instructions on the Record Change Form and Important Notice Regarding Taxation and attach required documents (e.g., birth certificate for dependent children, marriage certificate).
5. Welfare Plan Beneficiary Designation Form.

After you return your plan Choice Form(s), the Welfare Plan office will send you benefit plan description booklets.

IF YOU DO NOT RETURN YOUR PLAN CHOICES, YOUR COVERAGE WILL BE ASSIGNED FOR YOU UNDER THE COASTWISE INDEMNITY PLAN AND DELTA DENTAL.

If you have any questions or need assistance regarding your Welfare Plan benefits, please contact this office or your Area Welfare Director.

Enclosures

cc: JLRC
Local 04
MARTHA HENDRICKS, OREGON Area Welfare Director

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You will be notified if your eligibility is terminated for any reason.

Welfare Plan benefits include hospital, medical, surgical, vision, prescription drugs, dental, hearing aid, death and dismemberment, non-industrial disability and alcoholism/drug recovery benefits. Plan description booklets are enclosed.

Dental Plan Choice for Washington Locals

You may choose Delta Dental (Washington Dental Service) or Dental Health Services. **IF YOU DO NOT RETURN YOUR DENTAL CHOICE FORM, COVERAGE WILL BE ASSIGNED UNDER WASHINGTON DENTAL SERVICE.**

(over)

HOW TO SIGN UP:

To process your Welfare Plan enrollment, please complete and return:

1. Coastwise Indemnity Plan Enrollment Form for medical coverage.
2. Record Change Form and Important Notice Regarding Taxation to list your dependents (spouse, children) you wish to enroll in the ILWU-PMA Welfare Plan. Please follow carefully the instructions on the Record Change Form and Important Notice Regarding Taxation and attach required documents (e.g., birth certificate for dependent children, marriage certificate).
3. Dental Choice Form, if applicable.
4. Welfare Plan Beneficiary Designation Form.

If you have any questions or need assistance regarding your Welfare Plan benefits, please contact this office or your Area Welfare Director.

Enclosures

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Local
Area Welfare Director