

MIDWEST OPERATING ENGINEERS FRINGE BENEFIT FUNDS

WELFARE FUND • PENSION TRUST FUND • VACATION SAVINGS PLAN

6150 JOLIET ROAD • COUNTRYSIDE, IL 60525-3994 • (708) 482-7300 • FAX (708) 482-3056
JAMES M. SWEENEY, CHAIRMAN JOHN E. KENNY, JR., SECRETARY-TREASURER

Date: _____

PRE-EXISTING LIMITATION

As a new participant, we are taking a moment of your time to explain the rules that govern pre-existing conditions.

Effective July 1, 1998, the Plan documents define a pre-existing condition to be “a physical or mental condition for which medical advice, diagnosis, care or treatment was recommended or received within the six month period before the first day of coverage under the Midwest Operating Engineers.”

For employees covered by a collective bargaining agreement who first obtain eligibility under the Midwest Operating Engineers Health and Welfare Plan on and after July 1, 1998, the benefits for a pre-existing condition, or conditions, as defined shall be limited to \$15,000 for the eligible dependent of the employee, or the employee, for a period of twelve (12) months immediately following the date on which the employee first became eligible to participate in the Midwest Operating Engineers Health and Welfare Plan.

To accurately compute this provision we need you to fill out the enclosed questionnaire. If a bill is paid when submitted and we subsequently determine that it relates to a pre-existing condition and payment was made over and above the \$15,000 maximum, you will be considered overpaid. We will then take the necessary steps to recover the overpayment from you. To avoid any problems in the future, please fill out the enclosed questionnaire accurately and completely.

As a new participant under the Midwest Operating Engineers Health and Welfare Plan, you may have your pre-existing limitation time period reduced by the number of months you had prior health coverage. In order to have pre-existing consideration time limit reduced, or eliminated entirely, you must provide a certificate of prior coverage which documents the length of time you were covered by another medical plan. Please obtain this certificate from your prior insurer.

If you have any questions, please call the Claims Department at 708-579-6600.