

Michigan Laborers' Health Care Fund  
Michigan Laborers' Pension Fund  
Michigan Laborers' Annuity Fund  
Michigan Laborers' Vacation Fund  
Michigan Laborers' Training and  
Apprenticeship Fund  
Michigan Laborers' and Employers'  
Cooperation & Education Trust Funds  
Managed for the Trustees by:  
TIC International Corporation

# Michigan Laborers' Fringe Benefit Funds

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## FREQUENTLY ASKED QUESTIONS



### How are my benefits Funded?

The primary source of financing for the benefits provided under the Health Care Fund and for the expenses of Fund operations is employer contributions.

### What are the Fund's eligibility requirements?

Initial eligibility requires 700 hours of contributions within six (6) months or less. There is a one (1) month bookkeeping period in which you are not eligible. You will become eligible the month following the bookkeeping period. Initial eligibility provides one (1) month of coverage.

Continuing eligibility requires 350 hours of employer contributions within three (3) months or less. There is a one (1) month bookkeeping period in which you are not eligible. You will be eligible the month following the bookkeeping period and remain eligible for three (3) months.

Annual eligibility requires 1,200 hours within twelve (12) consecutive months or less. There is a one (1) month bookkeeping period in which you are not eligible. You will be eligible the month following the bookkeeping period and remain eligible for up to three (3) months. (Annual eligibility runs concurrent with the continuing rule).

### What do I do if my employer does not remit my fringes?

First, call your employer. There may be a very good reason that the fringes have not been remitted. If your employer cannot explain the reason to your satisfaction, you should contact your Local Union.

### How can I add my dependents to the Plan?

Complete a "Membership and Record Change Form" and submit copies of marriage, birth certificates and spouses social security number.

### What do I do when I get divorced?

You must send a copy of your complete divorce decree otherwise coverage will be maintained for your ex-spouse. If the Fund pays for benefits that should not be paid because your spouse no longer meets the definition of a dependent, you will be held responsible.



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**When does coverage stop for my dependent children?**

The Health Care and Education Affordability Reconciliation Act of 2010 requires the Fund to extend Adult child coverage up to age 26 effective June 1, 2011. Therefore, if you are eligible for benefits and you have a child that was previously covered in the Plan, and their coverage was terminated, you should complete a "Request for Extension of Dependent Coverage" and return in to the Fund Office. Coverage may continue until the last day of the month in which that adult child turns 26 years old or earlier if you do not maintain your eligibility under the Plan. This requires annual verification.

**Can I continue coverage when I retire?**

Yes, provided you meet the retiree requirements for maintaining coverage.

**What do I do if I am injured and cannot work?**

The Fund provides disability credit which may continue your coverage for health care benefits. You should complete a disability form.

**What is Coordination of Benefits?**

Coordination of Benefits or COB coordinates benefits with other health benefits you may have such as coverage through your spouses' employer.