

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

6525 Centurion Drive ■ Lansing, MI 48917-9275 ■ (517) 321-7502 ■ Fax (517) 321-7508  
Toll Free 877-MI-LABOR (877-645-2267) ■ [www.michiganlaborers.org](http://www.michiganlaborers.org)

May 2020

## IMPORTANT NOTICE

TO: PARTICIPANTS OF THE MICHIGAN LABORERS'  
HEALTH CARE FUND

Re: **Summary of Material Modifications (SMM) --  
*Temporary and Emergency Reduction of Active Participant  
Self-Payment Rate***

**LiUNA!**  
Feel the Power



Dear Participant:

In light of the health emergency created by COVID-19, we have temporarily and, on an emergency basis, *reduced* the Active Participant Self-Payments to **\$100**.

Below we answer important questions related to this temporary and emergency Self-Payment reduction.

**Q: Who is eligible for this temporary and emergency Self-Payment reduction?**

A: It applies *only* to Active Participants and their families.

**Q: Who is *not* included in this temporary and emergency Self-Payment reduction? That is, who is ineligible?**

A: Any Participant that is *not* an Active Participant is ineligible. So, the following are *not* eligible for this temporary and emergency Self-Payment monthly reduction:

- Retirees;
- Early Retirees;
- Surviving Spouses; and
- Disabled Participants.

The Self-Payment rates for these non-Active Participants is *unchanged* by our temporary and emergency action.

**Q: What is the temporary and emergency Self-Payment amount?**

**A: It is \$100.**

**Q: Does this temporary and emergency \$100 monthly Self-Payment amount apply to Active Participants who are single and Participants with families?**

**A: Yes.**

**Q: How long will this temporary and emergency Self-Payment rate be effective?**

**A: It is effective April 2020 and will end no later than July 2020.**

**BUT PLEASE NOTE: we will review this temporary and emergency reduction each month. And, we may decide to terminate this temporary and emergency Self-Payment assistance before July 2020 and return all Active Participants and their families to the Self-Payment rates that existed before adopting these temporary and emergency rates.**

**Q: How will I know if the temporary and emergency Self-Payment rate of \$100 per month has changed back to the current Self-Payment rate?**

**A: Each month, please refer to your monthly Self-Payment Notice (Notice) to confirm your Self-Payment rate. We have enclosed a sample Notice with this SMM and circled where your monthly Self-Payment rate will be disclosed.**

**Q: What if I'm an Active Self-Payee and I already made my April Self-Payment?**

**A: In this case, we will credit your self-payment account by applying the difference between the temporary and emergency \$100 monthly Self-Payment and the amount of your future Self-Payment(s).**

**Sincerely,**

**Michigan Laborers' Health Care Fund  
Board of Trustees**

MICHIGAN LABORERS' HEALTH CARE FUND  
CONTINUATION OF SELF-PAYMENT NOTICE

Remit along with  
your payment to:  
Michigan Laborers'  
Health Care Fund  
6525 Centurion  
Drive  
Lansing, MI 48917

XXXXXXXXXX	\$	XX/XX
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ELIGIBILITY RECORDS INDICATE THAT YOU DO NOT HAVE SUFFICIENT EMPLOYER CONTRIBUTIONS TO BE ELIGIBLE FOR THE ABOVE MONTH  
-SELF-PAYMENTS CANNOT BE USED TO ESTABLISH INITIAL ELIGIBILITY-

Your check or money order#:

NAME  
ADDRESS1  
ADDRESS2  
CITY STATE ZIP

If you wish to maintain your coverage, return the top portion of this notice and your check or money order in the above amount payable to the "Michigan Laborers' Health Care Fund". Please forward your payment to the address shown above. Please be sure to include your member identification number on your check or money order.

REMIT THIS PORTION WITH YOUR PAYMENT  
RETAIN THIS PORTION FOR YOUR RECORDS

MICHIGAN LABORERS' HEALTH CARE FUND  
CONTINUATION OF SELF-PAYMENT NOTICE

Remit along with  
your payment to:  
Michigan Laborers'  
Health Care Fund  
6525 Centurion  
Drive  
Lansing, MI 48917

XXXXXXXXXX	\$	XX/XX
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Your check or money order#:

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ADDRESS1  
ADDRESS2  
CITY STATE ZIP

If you wish to maintain your coverage, return the top portion of this notice and your check or money order in the above amount payable to the "Michigan Laborers' Health Care Fund". Please forward your payment to the address shown above. Please be sure to include your member identification number on your check or money order.

**SELF-PAYMENT PROVISIONS AS SHOWN IN THE SUMMARY PLAN DESCRIPTION  
(APPLIES TO ACTIVE UNEMPLOYED PARTICIPANTS ONLY)**

In case you are unemployed, you can continue most of your coverage beyond the date it would normally end. The Plan allows you to make payments, called self-payments, to the Fund on your own behalf. If you are unemployed, self-payments can extend your coverage past the time it would have needed. Once you stop making self-payments, for even one month, your coverage ends.

If you lose your coverage via employer contributions, the Fund Office will let you know by sending you a "Termination Notice". If you want to continue your coverage, send the "return" portion of the Termination Notice, with a check or money order to cover your self-payment, to the Fund Office by the due date specified. (The amount of self-payment due is shown on the notice.) The Fund Office sends you a receipt for the payment and notifies you of the due date of the next self-payment with a "Continuation of Self-Payment Notice".

Even if work does become available again and it looks as though you may have enough hours to continue your coverage without self-payments, do not stop making self-payments until the Fund Office tells you to stop. This guarantees your coverage, and if it happens that you do make any unnecessary self-payment because you have worked enough hours, the money you paid is refunded to you.

**If you are an early retiree, retiree or totally and permanently disabled participant – refer to your Summary Plan Description for the self-payment provisions.**

Please note – if you are temporarily disabled, eligible for Medicare or receive a Social Security Disability Award it is imperative that you contact the Fund Office at once.

*In order to protect your privacy and in compliance with the law, the Fund Office will use alternate identification numbers wherever feasible. Social Security numbers are not printed on any communications from the Fund Office.*

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