

# MICHIGAN CARPENTERS' FRINGE BENEFIT FUNDS

Michigan Carpenters' Health Care Fund  
Michigan Carpenters' Pension Fund

Managed for the Trustees by:  
TIC INTERNATIONAL CORPORATION

July 2020

## IMPORTANT NOTICE

**TO: ALL PARTICIPANTS OF THE MICHIGAN CARPENTERS' HEALTH CARE FUND (FUND)**

**RE: YEARLY COORDINATION OF BENEFITS (YCOB) AND DEPENDENT STATUS STATEMENT AND MEDICARE INFORMATION FORMS DUE AUGUST 15, 2020**

Dear Participant:

In an effort to ensure the Fund has the most accurate information about you, your spouse and dependent(s), *you must complete and return the YCOB and Dependent Status Statement to the Fund Office by August 15, 2020.*

And, if you are a retiree and you, your spouse, and/or dependent(s) are *eligible for or enrolled in Medicare and this information has not been reported to the Fund, you must complete and return the Medicare Information Form by August 15, 2020.*

### A. YCOB and Dependent Status Statement

#### 1. Dependent Status Statement

Please provide information about your spouse and/or dependent(s). *A spouse and/or dependent(s) who currently receive Fund coverage, and who is not listed on your returned form, will lose Fund coverage.*

#### 2. YCOB

Coordination of Benefits (COB) prevents the Fund from paying for expenses that are already covered by another health plan. Having accurate COB information helps curb increases in the cost of coverage for Plan participants.

Please complete the COB information to the extent you, your spouse and/or dependent(s) have other health plan coverage that is *not* Fund coverage.

### 3. Health Coverage Reporting

The Fund is required to annually provide you and the IRS information that confirms your health coverage. To ensure compliance with this reporting requirement, *please provide the social security numbers for you, your spouse and dependent(s) on the YCOB and Dependent Status Statement.* The IRS uses social security numbers to match the coverage reported on your tax return with the records filed by the Fund.

#### B. Medicare Information Form

If you are a retiree, you are required to update the Fund if you, your spouse and/or dependent(s) become eligible for or are enrolled in Medicare. If you have *not* reported this to the Fund, you *must* complete this form.

*Remember, a retiree, spouse and/or dependent(s) who are Medicare eligible, must be enrolled in Medicare Parts A and B.*

If you have any questions, please contact the Fund Office at (800) 273-5739.

Sincerely,

Health Care Department  
Michigan Carpenters' Health Care Fund