

## Operating Engineers Local #49 Health and Welfare Fund

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Wilson-McShane Corporation  
Fund Administrators

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Dear Newly Eligible Participant:

Re: Operating Engineers Local #49 Health & Welfare Fund  
Health Reimbursement Arrangement (HRA)

The Board of Trustees, Operating Engineers Local #49 Health & Welfare Fund is pleased to announce that the Fund now has a Health Reimbursement Arrangement (HRA) component available for reimbursements. In accordance with your collectively bargaining allocation of wage and fringe package, a specified HRA amount per hour contribution (depending on the collective bargaining agreement you are working under) will become available to you shortly. This amount, and future contributions, can be utilized to reimburse your deductibles and coinsurance amounts paid out of your pocket. In addition, this account can be utilized for services that would otherwise not be covered by the Health & Welfare Fund. Any questions regarding eligible reimbursable expenses, or to obtain a complete list of expenses, should be directed to Wilson McShane. Included is a bullet listing of eligible reimbursable expenses. Lastly, your account can be utilized for future premiums for continued insurance, including retiree premiums.

Enclosed is an election form which you should return to Wilson McShane only if you **DO NOT** want your future deductibles and coinsurance amounts automatically reimbursed to you from your HRA. If we do not receive this election form back, we will automatically reimburse the part of your claims (including any dependents) that will be billed to you in the form of a deductible or coinsurance, assuming that sufficient dollars are available in your HRA account. If you return this election form your deductible and coinsurance amounts will not be reimbursed to you from your HRA. In this case, any eligible reimbursement from your HRA will only be made upon your request and must exceed \$25 on an aggregate basis. You will be required to maintain a \$25 minimum balance in your HRA until you have retired, at which time the account balance may be exhausted through the payment of benefits. **If you have other additional coverage (for instance through a spouse) you MUST complete the Election Form and return it to Wilson-McShane Corporation. You will only be reimbursed by submitting claim forms and the appropriate documentation.**

If you need additional forms please contact Wilson McShane.

Lastly, you will receive statements which will show both deposits into and deductions from your individual HRA periodically as well as receive account detail with each reimbursement.

If you have any questions regarding this notification, please contact Wilson-McShane Corporation at (952) 854-0795.