

NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

935 Detroit Avenue, Suite 242A, Concord, CA 94518-2501 • Phone 925/356-8921 • Fax 925/356-8938
tfo@ncpttf.com • www.ncpttf.com

YOU WILL NOT HAVE COVERAGE UNTIL FULL PAYMENT IS RECEIVED

INVOICE # 000

SELF-PAYMENT BILLING STATEMENT

NCPTTF Account #16900731

TYPE OF PAYMENT

(Please refer to the reverse side for specific details/rules)

Please Check Applicable Box:

- COBRA CONTINUATION OF COVERAGE SELF-PAYMENT (001)
- ACTIVE SUBSIDIZED SELF-PAYMENT (002)
- DOMESTIC PARTNER TAX PAYMENT (003)
- RETIREE SELF-PAYMENT (004)
- SURVIVING DEPENDENT SELF-PAYMENT (005)

PARTICIPANT INFORMATION

Please Complete Items 1 Through 4:

1. Participant Name: _____ 2. Social Security Number: xxx-xx-_____
3. Coverage Month(s): _____ 4. Payment Amount: _____

Trust Fund Use Only - Rate Table: _____

Eligibility and/or benefits CANNOT be verified for the Participant and/or eligible Dependent(s) until payment has been received and processed for the appropriate coverage month. If applicable, upon receipt of your payment, eligibility and/or benefits will be verified retroactively to the first day of the coverage month; however, please be aware that it may take up to four (4) business days from the date payment is received at the bank for the carrier to update eligibility. Processing of payment and eligibility may be delayed if payment is not sent directly to the bank.

During the period of time that your coverage is based on Active Subsidized Self-Payments, Prescription Drug and/or other services may need to be purchased out of pocket. Once your eligibility is reinstated, these out of pocket expenses may be submitted to your selected Health Plan for reimbursement.

WWW.NCPTTF.COM UNDER HW-ONLINE PAYMENTS OR

Please make your check, cashier's check or money order payable to NCPTTF and mail your payment along with this Billing Statement to the Bank. NOTE: *Since these are lockbox addresses, there is no one at these locations who can sign for payments requiring a return receipt.*

Standard Address:

NCPTTF
PO Box 55606
Hayward, CA 94545-0606

Overnight Address:

NCPTTF
Lockbox 2501SA
25151 Clawiter Rd
Hayward, CA 94545-2731

IMPORTANT REMINDERS

You are not permitted to maintain more than three (3) months of pre-paid Self-Payments. Any Self-Payments received that would result in you having more than three (3) months of payments on file may be refunded directly to the payee. This does not apply to Domestic Partner Tax Payments, which we cannot accept payments for in excess of the coverage month.

NOTE: Receipt of a Billing Statement and/or submission of a payment(s) does not guarantee eligibility for any of the Payment coverage options listed above. Please be aware that, in accordance with Plan rules, you must meet and continue to meet all Plan requirements as outlined in the Northern California Pipe Trades Health and Welfare Summary Plan Description and any subsequent Notifications of Material Modifications to the Plan. Payments may be refunded to the payee if received untimely and/or if you are not eligible to make a coverage payment. If additional documentation or information is required to process your payment, eligibility and benefits may not be verified until all required documentation and/or information is received by the Trust Fund Office.

If you have any questions, please contact the Eligibility Department at 925/356-8921, ext. 710.

S:\COBRA & Self Pay\All Purpose Self-Payment Billing Statement 012023.docx

OVER →

COBRA CONTINUATION COVERAGE SELF-PAYMENT**(001)**

You must have already elected COBRA Continuation Coverage by completion of a COBRA Election Form and elected one of the following COBRA Plans during your COBRA election period:

- a) Core Coverage - (Medical and Prescription Drug coverage only); **or**
- b) Full Coverage – (Medical, Prescription Drug, Dental, Orthodontia, **and** Vision coverage)

This payment is due by the 20th day of the coverage month. For example, payment for January coverage is due by no later than January 20th. Eligibility and/or benefits CANNOT be verified for the Plan Participant and/or eligible Dependent(s) until the payment has been received and processed by the bank.

COBRA Continuation Coverage continues until the earliest of:

- 1) Failure to timely pay premium: You and/or your dependent(s) fail to pay the required premium on time;
- 2) COBRA time period ends: You and/or your dependent(s) have reached the maximum 18, 29 or 36 months of COBRA;
- 3) Coverage under another Plan: You and/or your dependent(s) become covered by another group health plan after your COBRA election;
- 4) Medicare Entitlement: You and/or your dependent(s) become entitled to Medicare after having elected COBRA;
- 5) No Longer Disabled: You and/or your dependent(s) are on COBRA due to a disability, but your disability has ended;
- 6) Employer ceases participation in the Plan: Your Employer who contributed on your behalf withdraws from the Collective Bargaining Agreement; or
- 7) No Active Plan: The Plan no longer provides group health coverage and your employer no longer offers coverage for its employees.

If you qualify for Medicare or other group coverage within the COBRA extension period, you must contact the Trust Fund Office prior to submitting payment.

ACTIVE SUBSIDIZED SELF-PAYMENT**(002)**

This payment is due by the 20th day of the coverage month. For example, payment for January coverage is due by no later than January 20th. Eligibility and/or benefits CANNOT be verified for the Plan Participant and/or eligible Dependent(s) until the payment has been received and processed by the bank.

Continuation of coverage through Active Subsidized Self-Payment provides Medical, Prescription Drug, Life and Accidental Death and Dismemberment Benefits only (NOT Dental, Orthodontia or Vision).

Once you cease making Active Subsidized Self-Payments and/or fail to comply with the Payment Plan, you automatically forfeit your right to make Active Subsidized Self-Payments for this period of disability, unemployment, or working of short hours.

Refer to Active Subsidized Self-Payment Rules.

DOMESTIC PARTNER TAX PAYMENT**(003)**

This payment is due by the 20th day of the month prior to the coverage month. For example, payment for January coverage is due by no later than December 20th.

Due to tax reporting requirements, we cannot accept tax payments in excess of the coverage month. Payments received for more than the coverage month may be refunded to the payee.

Failure to pay timely will result in a termination of coverage for the Domestic Partner and any Child(ren) of the Domestic Partner.

Refer to Affidavit of Domestic Partnership.

RETIREE SELF-PAYMENT**(004)**

This payment is due by the 20th day of the month prior to the coverage month. For example payment for January coverage is due by no later than December 20th.

If you become eligible for Medicare coverage, you must contact the Trust Fund Office.

SURVIVING DEPENDENT SELF-PAYMENT**(005)**

This payment is due by the 20th day of the month prior to the coverage month. For example payment for January coverage is due by no later than December 20th. If you become eligible for Medicare coverage, you must contact the Trust Fund Office.