

# NEW YORK DISTRICT COUNCIL OF CARPENTERS

## BENEFIT FUNDS

### UNION TRUSTEES

Joe Geiger  
Co-Chairman  
Paul Capurso  
Michael Cavanaugh  
Stephen McInnis  
John Sheehy  
Paul Tyznar

**Ryk Tierney**  
**Executive Director**  
395 Hudson Street  
New York, N.Y. 10014  
Telephone (212)-366-7300  
Fax (212)-366-3326

### MANAGEMENT TRUSTEE

David T. Meberg  
Co-Chairman  
Catherine Condon  
John DeLollis  
Joseph Kaming  
Paul O'Brien  
Kevin O'Callaghan

### IMPORTANT INFORMATION CONCERNING FIFTY PERCENT (50%) REDUCTION IN MONTHLY RETIREE PREMIUMS EFFECTIVE SEPTEMBER 1, 2014

To: All Retirees Receiving Coverage under the NYCDCC Welfare Fund  
From: Board of Trustees  
Date: August 2014  
Re: Information Concerning Fifty Percent Reduction in Monthly Retiree Premiums

---

This notice is intended to provide you with information concerning the recently approved fifty percent (50%) reduction in monthly retiree premiums. Please keep this document with all of your related retirement information.

#### **Fifty Percent (50%) Reduction in Monthly Retiree Premiums and Related Information**

1. As you may have already seen via the Benefit Funds' website ([www.nycdbf.org](http://www.nycdbf.org)), our Facebook page ([www.facebook.com/nycdbf](http://www.facebook.com/nycdbf)), and/or the July Edition of *Benefits Toolbox*, **effective September 1, 2014**, all monthly retiree premiums will be reduced by fifty percent (50%). This means that your monthly premium payments will be cut in half effective September 1, 2014 (\*See chart on back of page).
2. If you have already paid your monthly retiree premiums in advance, the money you will save as a result of the premium reduction will be applied to your premiums for future months. **\*For example, if you have paid your monthly retiree premiums through December 2014, you will now be paid up through April 2015.**
3. In light of the reduction in your monthly retiree premiums, you may want to reconsider having your premiums automatically deducted from your monthly pension payments. Because of a legal clarification, it is now acceptable for any retirees to deduct their premium from their pension payment, as long as it does not exceed the amount of their total monthly pension amount. Please note that we have enclosed an authorization form for automatic deductions with this letter. Also, be assured that if you choose to authorize automatic deductions, you always have the right to revoke your election prospectively at a later date. Please contact our Member Services Department at **800-529-FUND (3863) or 212-366-7373** if you have any questions.
4. If you have already authorized automatic deductions from your monthly pension payments to cover your monthly retiree premiums, you do not have to take any action. The Benefit Funds will administratively handle implementing the reduced deductions.

5. The revised September premium coupons, which will reflect the fifty percent (50%) monthly premium reduction, will be mailed on August 15<sup>th</sup>. If you have not received your coupon in a timely manner, please contact the Member Services Department at **800-529-FUND (3863) or 212-366-7373**.
6. If you have lost coverage due to untimely/missed payments, you will have an opportunity to re-enroll in **January 2015**.

**\*MONTHLY RETIREE PREMIUMS CHART**

<b>Status</b>	<b>Current Premium Amount</b>	<b>New Premium Amount (Effective September 1, 2014)</b>
Retiree Only (Retiree & Dependents not Medicare Eligible)	\$75.50	<b>\$37.75</b>
Retiree Only (Retiree & Dependents are Medicare Eligible)	\$28.00	<b>\$14.00</b>
Retiree & One Dependent (Retiree & Dependents not Medicare Eligible)	\$155.00	<b>\$77.50</b>
Retiree & One Dependent (Combination of Medicare Eligible/Not Eligible)	\$106.50	<b>\$53.25</b>
Retiree & One Dependent (Retiree & Dependents are Medicare Eligible)	\$58.00	<b>\$29.00</b>
Retiree & Family (Retiree & Dependents are not Medicare Eligible)	\$234.00	<b>\$117.00</b>
Retiree & Family (Combination of Medicare Eligible/Not Eligible)	\$185.50	<b>\$92.75</b>
Retiree & Family (Retiree & Dependents are Medicare Eligible)	\$88.00	<b>\$44.00</b>
Surviving Family Members (Surviving Active Member)	\$100.00	<b>\$50.00</b>
Surviving Family Members (Non-Medicare Eligible Survivors)	\$140.00	<b>\$70.00</b>
Surviving Family Members (Medicare Eligible Survivors)	\$50.00	<b>\$25.00</b>

**If you have any questions, call our Member Services Department at 800-529-FUND (3863) or 212-366-7373.**

## Retiree Medical Premium Election Form

### New York City District Council of Carpenters Welfare Fund

Name: \_\_\_\_\_ UBC: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Election of Coverage:**

1. I hereby authorize the New York District Council of Carpenters Welfare Fund to deduct the required amount, as elected below, from my monthly pension checks to pay my Health coverage premiums for the NYCDCC Welfare Fund.
2. I choose to pay my monthly premium directly. Enclosed is my check for the first monthly premium. I understand that I will be billed for future premiums on a monthly basis.
3. I elect not to be covered by the New York City District Council of Carpenters Welfare Fund coverage at this time, but reserve the right to future coverage as outlined in the Notice to Members.

**Please check coverage and payment option that you wish to elect:**

	<b>Retiree and Dependents Not Medicare-Eligible</b>	<b>Some Individuals Are Medicare-Eligible</b>	<b>Retiree and Dependents Are Medicare-Eligible</b>
Retiree Only	\$37.75 <input type="checkbox"/>	N/A	\$14.00 <input type="checkbox"/>
Retiree and One Dependent	\$77.50 <input type="checkbox"/>	\$53.25 <input type="checkbox"/>	\$29.00 <input type="checkbox"/>
Retiree and Family	\$117.00 <input type="checkbox"/>	\$92.75 <input type="checkbox"/>	\$44.00 <input type="checkbox"/>

	<b>Survivors of an Active Member</b>	<b>Non-Medicare Survivors of a Retiree</b>	<b>Medicare-Eligible Survivors of a Retiree</b>
Surviving Family Members	\$50.00 <input type="checkbox"/>	\$70.00 <input type="checkbox"/>	\$25.00 <input type="checkbox"/>

**I Understand:**

- That I have the option of revoking this election at any time.
- That I may change my method of payment from direct payment to automatic deduction from my pension checks. Changes will be effective on the first day of the next calendar quarter. Requests must be received 30 days prior to the effective date of the change.
- That if the amount of the premium changes, the amount of the deduction from my monthly pension benefit will automatically change. Prior notice of the change will be given.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date