

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —
Pacific Maritime Association www.benefitplans.org

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109

PHONE (415) 673-8500

FAX (415) 749-1400

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

October 11, 2018

To: ILWU Longshore, Ship Clerk, Walking Boss/Foreman, and Watchmen Locals

From: Mario Perez, Manager, Welfare Plans

Subject: ILWU-PMA Coastwise Indemnity Plan – Annual Other Insurance Coverage Verification Requirement

The attached letter and form began mailing last week by the Coastwise Claims Office. In order to better receive and track requests for other insurance information, this is an annual mailing each October to collect the information. The mailing will be sent to all members with dependents, unless all covered family members are Retirees with Medicare as their primary carrier. The mailing will not be sent to members whose spouse is also an employee with ILWU-PMA Welfare coverage. Please encourage members to complete the form and return it timely to avoid future claim processing delays. To assist with the tracking, the forms are being returned to the Benefit Plans Office, who will log and then route the form to the CCO. The documents can be mailed or faxed in. Members with Kaiser are required to complete the form as the CCO processes their chiropractic claims.

Attachments

cc: Area Welfare Directors

A copy of this memo can be downloaded at www.benefitplans.org

ILWU-PMA Benefit Plans
1188 Franklin Street, Suite 101
San Francisco, CA 94109
FAX # 415-749-1400

URGENT - RESPONSE REQUIRED BY 11/13/18

Annual Other Insurance Coverage
Verification Requirement

Dear ILWU-PMA Coastwise Indemnity Plan Participant:

October 3, 2018

The Plan is requiring completed Other Insurance Coverage Forms on an annual basis for those members that have covered dependents. Each October you will receive notification requesting the completion of the enclosed Other Insurance Coverage (OIC) form. Completing this annual requirement will make it simpler to expedite claim benefit payments for you and your dependents and avoid requests based on individual claim denials for each family member throughout the year.

Even if you have provided this information earlier this year, you will need to submit the completed enclosed form to avoid any delay in your family's claim benefit payments.

Therefore, you must:

- Complete, sign and return the Other Insurance Coverage Form enclosed by November 13, 2018.
Fax to: #415-749-1400 OR mail using the enclosed pre-paid addressed envelope.

If you do not return the form:

- Your dependents' benefit claims for dates of service after December 31, 2018 will be denied until the form is received.

Let us know if you have any questions or need help. You can call our Customer Service Office at (800)955-7376.

