

MICHIGAN STATE PAINTERS INSURANCE FUND

Frequently Asked Questions

How are my Benefits Funded?

The primary source of financing for the benefits provided under the Health Care Fund and for the expenses of Fund operations is employer contributions.

What are the Fund's eligibility requirements?

Initial Eligibility requires any employee may become eligible for benefits under this Plan upon completion of 450 hours or more of employment for a Contributing Employer with a period of six (6) consecutive calendar months during which period of time contributions have been received from Contributing Employers by the Fund on the Employee's behalf.

Continuing eligibility requires 130 hours in one (1) month, skip two (2) months for bookkeeping, eligible the 1st day of the 4th month. If a participant receives less than the 130 hours in any one month, they may continue to be eligible by using hours from their bank or by contributing the difference between the hours reported and the hours required for eligibility, otherwise known as short hours.

An Employee's benefits will terminate on the first day of the third (3rd) month following the month in which the Employee has failed to have the required credited hours contributed on his or her behalf or unless the Employee satisfies the Continuation of Coverage requirement or exercises the self-payment provision.

What do I do if my employer does not remit my fringes?

First, call your employer. There may be a very good reason that the fringes have not been remitted. If your employer cannot explain the reason to your satisfaction, you should contact your Local Union.

How can I add my dependents to the Plan?

Complete a "Yearly Coordination of Benefits and Dependent Status Statement" and submit copies marriage certificates, birth certificates, and all dependents social security numbers.

What do I do when I get divorced?

You must send a copy of your complete divorce decree, otherwise coverage will be maintained for your ex-spouse. If the Fund pays for benefits that should not be paid because your spouse no longer meets the definition of a dependent, you will be held responsible.

When does coverage stop for my children?

The Health Care and Education Affordability Reconciliation Act of 2010 requires the Fund to extend Adult child coverage up to age 26 effective June, 1, 2011. Coverage may continue until the last day of the month in which that adult child turns 26 years old or earlier if you do not maintain your eligibility under the Plan. This requires annual verification.

Can I continue coverage when I retire?

Yes, provided you meet the retiree requirements for maintaining coverage.

What do I do if I am injured and cannot work?

The fund provides disability credit which may continue your coverage for health care benefits. You should complete a disability form.

What is Coordination of Benefits?

Coordination of Benefits or COB coordinates benefits with other health benefits you may have such as coverage through your spouses' employer.