

1. HOW MANY HOURS DO I NEED TO WORK TO BE ELIGIBLE FOR BENEFITS?

Hourly Construction and Non-construction = 100 hours must be worked during your work month Flat Rate Non-Construction = You are eligible as long as your employer is contributing on your behalf

2. WHAT IS THE DIFFERENCE BETWEEN MY WORK MONTH AND MY ELIGIBILITY MONTH?

A common misunderstanding is that if you worked enough hours in a particular month, you will be eligible for benefits in that same month. This is not true. Typically, your eligibility month falls 2-3 months AFTER your work month. **See chart on back**.

Hourly Construction and Non-construction:

Your Eligibility month is the 3rd month following your Work month.

Example: If you worked the required hours in February and your employer made timely contributions, you will be eligible for benefits on the 1st of May.

Flat Rate Non-Construction:

Your Eligibility month is the 2nd month following your Work month.

Example: If you worked the required hours in February and your employer made timely contributions, you will be eligible for benefits on the 1st of April.

3. CAN I RECEIVE BENEFITS WITHOUT SUBMITTING AN ENROLLMENT FORM?

NO. If you worked sufficient hours to become eligible for benefits but you did not submit an enrollment form, you will not be enrolled in the benefits you are eligible for.

You must submit your enrollment form to the Administrator's office to receive benefits.

4. CAN I RECEIVE BENEFITS IF I DO NOT HAVE ENOUGH HOURS WORKED?

When you do not have enough hours worked in a work month, you can use hours in your **Hour Bank** to supplement the hours you worked to continue your eligibility for benefits.

Construction: all paid work hours in excess of 120 hours will be credited to your Hour Bank. Your bank hours cannot exceed 900 hours.

Non-construction: all paid work hours in excess of 120 hours, will be credited to your Hour Bank. Your bank hours cannot exceed 600 hours.

Flat Rate Non-construction: no hour bank.

5. HOW CAN I CONTINUE MY COVERAGE IF I LOSE ELIGIBILITY?

Upon determining that you have lost eligibility for benefits, the Administrator's office will send you a notice indicating how you can continue your coverage through the COBRA program options. You must submit a COBRA enrollment form with payment to be covered under the COBRA program.

6. WHEN CAN I CHANGE MY MEDICAL PLAN?

You can change your medical and/or dental plan election at any time as long as you have been enrolled in your current plan for at least 12 months.

7. WHEN DO I NEED TO CONTACT THE ADMINISTRATOR'S OFFICE?

- 1. When you have a newborn (within 180 days from the date of birth)
- 2. When you adopt (within 180 days from the date of adoption)
- 3. When you get married or divorced (within 45 days from the date of marriage or divorce)
- 4. When you change your address, phone number, or contact information
- 5. When you are unable to work due to a disability (occupational or non-occupational related)
- 6. When your dependent obtains full-time employment or is eligible for another employer sponsored group health plan.
- 7. When there is a death in your immediate family (self, spouse, children)

Contact: Member Services Department at (808) 441-8600 or (888) 520-8078

ADMINISTRATOR'S OFFICE: 1440 KAPIOLANI BLVD., SUITE 800, HONOLULU, HI 96814(808) 441-8600 OR (888) 520-8078

WORK MONTH VS ELIGIBILTY MONTH CHART

Work Month	Eligibility Month
January	April
February	May
March	June
April	July
May	August
June	September
July	October
August	November
September	December
October	January
November	February
December	March

Regular Construction & Hourly Non-Construction

Flat Rate Non-Construction

Work Month	Eligibility Month
January	March
February	April
March	May
April	June
Мау	July
June	August
July	September
August	October
September	November
October	December
November	January
December	February