

**CEMENT MASONS HEALTH AND WELFARE TRUST FUND
FOR NORTHERN CALIFORNIA
220 CAMPUS LANE
SUISUN, CALIFORNIA 94585-1499
TELEPHONE: (707) 864-3300 • TOLL-FREE: (888) 245-5005**

IMPORTANT ANNOUNCEMENT

TO: ALL PLAN PARTICIPANTS

RE: NEW ENROLLMENT PROCEDURES

We are pleased to announce that effective immediately, we are changing the annual enrollment procedure to make it more efficient and more responsive to the needs of our Plan Participants. There will no longer be a single, fixed period during which you may change medical plan coverage for you and your dependents. Instead, you may change either your medical or dental coverage *at any time during the year* according to the rules outlined below:

- Eligible Participants will be allowed to change to either of the medical HMO plans or the Fund's Managed Health Care Plan *at any time during the year*.
- A Participant's enrollment change will be effective on the first day of the following month if the enrollment form is **received** in the Fund Office by the 15th day of the month prior to the month the change is to be effective. Change requests received after the 15th day of the month will be effective on the first day of the second month following receipt of the enrollment form.
- A Comparison of Benefit Plans, describing the medical and dental plan options offered, will be prepared annually. However, this Comparison will not be "mass mailed" to Participants. Instead, the Comparison will be provided to those Participants who contact the Fund Office to request one.
- Retired Cement Masons will be mailed an updated Rate Sheet showing the cost of each of the plans offered. New rates become effective on March 1 of each year. If, based on the new rates, a Retired Cement Mason wants to change his medical plan, he may contact the Fund Office for the Comparison of Benefit Plans.

Please call the Fund Office at (707) 864-3300 or toll-free at (888) 245-5005 if you have any questions concerning new enrollment procedures.

Sincerely,

BOARD OF TRUSTEES

**AUGUST 2001
INSERT #2 TO 4/1/00 BOOKLET**

- PLEASE PLACE THIS INSERT IN YOUR HEALTH AND WELFARE PLAN BOOKLET-