



## PSSU LOCAL UNIT HEALTH & WELFARE FUND

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2589 Interstate Drive  
Harrisburg, PA 17110-9602  
(717) 526-4856  
(888) 243-1524  
FAX (717) 651-9529  
[www.pssuhwfund.org](http://www.pssuhwfund.org)

KATHY JELLISON, CHAIR

CANDICE V. CROUTHAMEL, ADMINISTRATOR

### **EMPLOYEE/DEPENDENT ELIGIBILITY INFORMATION**

#### **EMPLOYEE ELIGIBILITY**

An employee shall be eligible for benefits provided:

- Employee is expected to be in a year-to-year employment relationship with the Employer and is expected to work every pay period for nine (9) consecutive months.
- Employee has completed thirty (30) consecutive days of paid service in a bargaining unit represented by PSSU or any other units certified by the Board of Trustees for whom contributions are made to the Fund. Eligibility becomes effective on the **FIRST DAY OF THE MONTH FOLLOWING COMPLETION OF SUCH THIRTY (30) DAY PERIOD.**
- Employee is continuously scheduled to work every pay period at least 50% of full-time, or such lesser percentage of time as may from time to time be specifically authorized by the Board of Trustees.
- Employees who return from any leave of absence without pay during which no contributions were made on their behalf either from the Employer or direct pay, shall serve a new thirty (30) day eligibility only if they had not completed the thirty (30) day eligibility before going on leave. An employee who has already served a thirty (30) day eligibility period does not have to serve another thirty (30) day eligibility period upon their return from leave without pay.

#### **DEPENDENT ELIGIBILITY**

As an employee member you may cover the following Dependents:

- Spouse under a legally valid existing marriage between persons of the opposite sex, and with whom you maintain a regular spousal relationship.
  - If your spouse is also employed by the Employer, he or she may be covered as an Employee rather than as a Dependent. ***Dependent children may be covered by you or your spouse but not both.***
- Child under age 26, including
  - Your natural child
  - Stepchild
  - Legally-adopted child including child lawfully placed with you for legal adoption by you (Certificate of Adoption required)
  - Child placed with you by judgment, decree or other order of any court of competent jurisdiction

- Child who, by reason of a physical or mental handicap, is incapable of self support upon attaining age 26 will be considered a Dependent, while remaining incapacitated and unmarried, subject to your coverage continuing in effect.
  - To cover a child under this provision proof of incapacity must be received by the Plan Administrator within 31 days after coverage would otherwise terminate. Additional proof may be required from time to time
- An adult child under age 26 will not be eligible for coverage if he or she is eligible to enroll in an “eligible employer-sponsored health plan” (as defined in Section 5000A(f)(2) of the Internal Revenue Code) other than a group health plan of a parent. Effective May 1, 2014, the above limitation with respect to coverage of adult children under age 26 shall no longer apply.

***Coverage for an eligible Dependent child ends on the child’s 26th birthday unless the child qualifies as a disabled Dependent.***

**Eligibility has been extended to domestic partners who meet the following criteria:**

- Partners who are two adults engaged in an exclusive committed relationship of mutual caring and support and are jointly responsible for their common welfare and living expenses
- Neither partner is married to or legally separated from any individual
- Each partner is at least 18 years old and mentally competent to enter into a contract in the Commonwealth of Pennsylvania
- Partners are the sole domestic partner of each other
- Partners have lived together in the same residence on a continuous basis for at least six months immediately prior to the date of the Verification Statement, with the intent to reside together permanently
- Partners are not related to each other by adoption or by blood, to a degree that would prohibit marriage in the Commonwealth of Pennsylvania
- Partners do not maintain this relationship solely for the purpose of obtaining employment-related leave benefits or health benefits
- Neither partner has been a member of another domestic partnership for the past six months (unless the prior domestic partnership ended as a result of the death or marriage of one of the domestic partners)

***The Fund shall be secondary to any other eligible benefit program. There shall be no duplication of payment. In all cases, the Board of Trustees shall make the final determination of eligibility.***

**TERMINATION OF BENEFITS**

An employee’s benefits will terminate as of the date of cessation of contributions by the Employer on behalf of the employee.

**COBRA QUALIFYING EVENTS**

If an employee loses group health coverage because of a reduction in hours of employment or termination of employment (for reasons other than misconduct) the employee and/or his or her dependents may qualify for continuation coverage under the provisions of COBRA.

Amended 12/04/88  
 Amended 10/01/94  
 Amended 01/01/05  
 Amended 03/15/10  
 Amended 11/18/10