

MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND

2700 Trumbull Avenue  
 Detroit, Michigan 48216  
 (313)964-2400



**FLEXIBLE DEPENDENT COVERAGE PROGRAM ELECTION FORM**

**You are eligible for this benefit if your beneficiaries have other group health coverage.**

Please refer to your Summary Plan Description (SPD) and carefully review the guidelines before electing to waive medical and prescription coverage from MCTWF for your beneficiaries. Once you waive this coverage, you must do so for all your beneficiaries. You may not reinstate it until the next election period, unless your beneficiary's other group health coverage is lost. MCTWF will establish a Flexible Dependent Coverage Program account from which you will be reimbursed. **Reimbursement will be according to benefit guidelines, current eligibility, plan limitations and exclusions.**

**PARTICIPANT SECTION**

If you are a NEW participant, check here

Name (Last – First - Middle)			Contract Number	
Address			Area Code & Telephone Number	
City	State	Zip		

**ELECTION**

I elect to participate in the Flexible Dependent Coverage Program, thereby authorizing the Michigan Conference of Teamsters Welfare Fund to 1) Establish a Flexible Dependent Coverage Program account from which I may receive reimbursement and 2) waive the beneficiary coverage otherwise available from MCTWF:

**Yes If the answer is yes, please complete the following sections**

**OTHER GROUP HEALTH COVERAGE SECTION**

Other Group Health Coverage				Effective Date	
Address	City	State	Zip	Area Code & Telephone Number	

**PLEASE NOTE:** If you elect to participate, you MUST provide proof of other group health coverage a copy of the policy or an insurance card with the group/policy number) along with this Election..

**BENEFICIARY SECTION (list additional dependents on a separate sheet)**

Spouse's Name (Last – First – Middle)	Birth Date	Dependent's Name (Last – First – Middle)	Relationship	Birth Date
		Dependent's Name (Last – First – Middle)	Relationship	Birth Date
		Dependent's Name (Last – First – Middle)	Relationship	Birth Date

If your beneficiary's other group health coverage is lost, you **MUST** contact MCTWF to discontinue your participation in the Flexible Dependent Coverage Program, thus reinstating beneficiary medical coverage with MCTWF. Once coverage has been reinstated, the amount already credited to your Flexible Dependent Coverage Program account will remain available for reimbursement, per established guidelines (refer to your SPD).

Once you have elected and qualify for the Flexible Dependent Coverage Program, participation will continue until you send written notification to MCTWF indicating you no longer wish to participate. **THIS FORM MUST BE SIGNED AND DATED, AND MUST BE SENT WITH PROOF OF BENEFICIARY GROUP HEALTH COVERAGE.**

YOUR SIGNATURE INDICATES THAT YOU UNDERSTAND THE ABOVE AND THAT YOU AUTHORIZE MCTWF TO WAIVE BENEFICIARY COVERAGE AND ESTABLISH A FLEXIBLE DEPENDENT COVERAGE PROGRAM ACCOUNT ON YOUR BEHALF. FURTHER, THAT YOU CERTIFY ALL BENEFICIARIES HAVE OTHER GROUP HEALTH COVERAGE AND WILL HAVE NO SUCH COVERAGE FROM MCTWF WHILE IN THE PROGRAM

**PARTICIPANT SIGNATURE:** \_\_\_\_\_ **DATE :** \_\_\_\_\_

## What is Covered?

Generally, allowable expenses include your medical, dental and optical expenses that are not reimbursed by other group health plans and that you could deduct from your individual tax return if you itemized your deductions, as described in IRS Publication 502. They are as follows:

### ELIGIBLE Items

- abortion;
- acupuncture;
- alcoholism treatment;
- ambulance service;
- artificial limbs;
- artificial teeth;
- birth control pills;
- Braille books and magazines;
- Breast reconstruction surgery following mastectomy;
- capital expenses for home medical equipment or improvements for medical care;
- car controls and equipment for disabled persons;
- chiropractic care;
- Christian Science Practitioner;
- contact lenses;
- copayments and deductibles paid under this and other benefit plans;
- contribution copays for a MCTWF benefit plan (paid on a post tax basis)
- crutches;
- dental treatment;
- diagnostic tests;
- disabled dependent care;
- doctors' fees;
- drug addiction inpatient treatment;
- drugs requiring a prescription;
- duplicate prosthetic devices;
- eye surgery;
- eyeglasses;
- fertility enhancement;
- guide dogs;
- health institute treatment prescribed by a physician;
- hearing aids and exams;
- hearing treatment;
- hospital services;
- injections;
- insulin;
- in vitro fertilization;
- lab fees;
- lead based paint removal, when child has lead poisoning;
- learning disability tuition;
- legal fees necessary to authorize treatment for mental illness;
- legal fees associated with procuring an egg donor for the direct purpose of correcting infertility;
- lifetime care - advance payments ensuring lifetime care in a retirement home, medical portion;
- lodging in hospital or similar institution while receiving care;
- long-term care – premiums and unreimbursed expenses;
- meals at hospital or similar institution while receiving inpatient care;
- medical conferences for chronic illness of you, spouse or dependent: admission & transportation;
- medical equipment, supplies, or diagnostic devices to the extent that such items mitigate the effect of an injury or illness or assist in the treatment of the injury or illness (with or without a prescription);
- medical services;
- medicines prescribed by a physician;
- mentally retarded, special home for;
- mouth guards prescribed by your doctor;
- nursing home services (medically necessary);
- nursing services;
- operations – medical expenses you pay for operations that are not unnecessary cosmetic surgery;
- optometrist fees;
- organ transplants;
- orthodontic treatment;
- orthopedic shoes;
- osteopath;
- oxygen;
- periodontal fees;
- prosthesis;
- psychiatric care;
- psychoanalysis;
- psychologist;
- psychotherapy (by approved provider);
- special schools for the handicapped;
- sterilization;
- stop-smoking programs (does not include non-prescription drugs such as nicotine gum & patch);
- surgery;
- telephone for the deaf;
- television equipment for hearing impaired;
- therapy;
- transplant donor expenses;
- transportation for medical care;
- tuition – medical expenses charges for medical care included in tuition of a college/private school;
- vaccinations;
- vasectomy;
- vitamins requiring a prescription;
- vision correction surgery (such as LASIK or radial keratotomy);
- weight-loss program – if diagnosed by physician with specific disease (includes group fees; doesn't include dues for gym, health club, or spa; doesn't include diet food or beverage unless food doesn't satisfy normal nutritional needs, food alleviates or treats an illness, and need for the food is substantiated by a physician);
- wheelchairs or autoette;
- wig; and,
- x-rays.

### INELIGIBLE Items

- any expense you deduct on your individual tax return.
- babysitting, child care, nursing services for normal, healthy baby;
- controlled substances;
- cosmetic surgery unless necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or a disfiguring disease);
- dancing/swimming lessons (even if recommended for general improvements of your health);
- diaper service;
- electrolysis/hair removal;
- expenses for trip or vacation taken for a non-medical reason;
- funeral services;
- group medical insurance premiums from the spouse's employer paid with pre-tax dollars;
- hair transplant;
- health club dues;
- household help;
- illegal operations/transplants;
- maternity clothes;
- meals and lodging away from home for medical treatment not received at a medical facility;
- medical savings account contributions or distributions;
- nursing services for a healthy baby;
- nutritional supplements not requiring a prescription;
- over-the-counter medicines (except for insulin
- personal use items;
- psychoanalysis you receive as a part of your training to be a psychoanalyst;
- teeth whitening procedures; and
- weight-loss programs if your doctor recommends the program for your general health or if for improving appearance or sense of well-being, or diet foods that substitute for normal food.