MOTION PICTURE INDUSTRY
PENSION & HEALTH PLANS
HEALTH PLAN

Notice Concerning Your Spouse's Eligibility

Dear Participant,

If a Participant's spouse is eligible for health insurance through his or her own employer, he/she must enroll in that insurance as primary even if he/she must pay all or a portion of the premium cost for coverage.

Further, if it is determined that a Participant's spouse is eligible for medical/hospital and prescription insurance through his/her employer but did not enroll for coverage, the **MPIHP will NOT provide <u>any</u> coverage for the spouse.** The Participant's spouse is only required to take the medical/hospital and prescription benefit; the spouse will continue to be covered for dental and vision benefits through the MPIHP as primary.

In order to determine spouse or same-sex domestic partner eligibility for other health insurance and prescription coverage, information is required to be submitted to MPIHP as described below:

- *<u>If your spouse is employed</u>:* **Form 1** must be completed and signed by the Participant; **Form 2** must be completed and signed by the spouse's employer, the Participant and the spouse.

- *<u>If your spouse is employed, but does not have insurance coverage:</u>* **Form 1** must be completed and signed by the Participant; and **Form 2** must be completed and signed by the spouse's employer, the Participant and the spouse.

- *<u>If your spouse is unemployed:</u>* **Forms 1** and **3** must be completed and signed by the Participant.

- *<u>If your spouse is self-employed/Freelance:</u>* with insurance, **Forms 1** and **2** must be completed and signed by the Participant and the spouse.

- *<u>If your spouse is self-employed/freelance:</u>* without insurance coverage, **Forms 1** and **3** must be completed and signed by the Participant.

- *<u>If your spouse is Retired:</u>* with insurance, **Forms 1** and **2** must be completed and signed by Participant and spouse.

- *<u>If your spouse is Retired:</u>* with or without Medicare, **Forms 1** and **3** must be completed and signed by Participant.

If, for any reason, an MPIHP Participant fails to furnish the required documentation to the Plan, **all MPIHP coverage, including eligibility for medical/hospital, dental, vision, and prescription coverage, will terminate for the spouse**.

Please Note: If a Participant's spouse is eligible for and enrolled in a health insurance plan provided by his/her own employer, the MPIHP will pay medical/hospital and prescription benefits under the MPIHP only after the other insurance company issues its benefit payment. That is, the spouse's insurance will be considered primary for the spouse, and the MPIHP insurance will be secondary. Payment from both plans combined will not exceed the billed amount.

Eligibility and Coordination of Benefits for Dependent children:

If your spouse or domestic partner ("DP") enrolls in his/her employer's health insurance, and child dependents can be enrolled, you must enroll the child(ren) unless there is a premium for the children, or the spouse or DP's birth date is later in the year than the Participant's birth date. (MPIHP uses birth dates to determine primary and secondary coverage.) If they are not enrolled under these circumstance the MPI health Plan will provide no coverage to such dependent child(ren).

In the ***future***, in order to determine spouse's eligibility for other health insurance coverage, additional information such as that requested here will be required periodically from all Active and Retired MPIHP Participants, who have a spouse.

It is critical for Participants who have a spouse to promptly communicate their spouse's change in work status to the MPIHP, as their insurance eligibility may be directly affected.

For more information, please contact the plan office at:

eligibility@mpiphp.org

or

The MPIHP Eligibility Department 310 or 818.769.0007 extension 263. Outside of Southern California 888.369.2007 extension 263, or contact our New York Office 212.634.5252.

Eligibility Department

Enclosures