



## *Life's Events*

*What to do when...*

This brochure is intended for use by Participants of the Motion Picture Industry Pension and Health Plans and their families in determining what pension and health actions to take when certain life events happen.

Taking the suggested actions in this brochure will help us help you when you need it most.

While this brochure describes certain provisions of the Motion Picture Industry Pension and Health Plans, it does not include all plan provisions or all plan requirements applicable to the provisions discussed. For a more complete discussion of the applicable plan provisions and other plan provisions not discussed in this brochure, please consult the appropriate Summary Plan Description:

- Motion Picture Industry Health Plan: Active Summary Plan Description, July 2007
- Motion Picture Industry Health Plan: Retiree Summary Plan Description, July 2007
- Motion Picture Industry Pension and Individual Account Plans: Summary Plan Description, August 2005

*These SPDs are available at [www.mpiphp.org](http://www.mpiphp.org)*

**California (Main) Office:**

818 or 310.769.0007, or

**Toll Free: 888.369.2007**

**East Coast Office: 212.634.5252 or**

**Toll Free: 888.758.5200**

**For more detailed information,**

**visit our website at:**

[www.mpiphp.org](http://www.mpiphp.org)

**Special Rules for Former Participants  
of Other Pension and Health Plans**

If you are a former participant of a pension or health plan that has merged into any of the MPI Pension, Individual Account or Health Plans, there may be contract variations to your benefit. If so, it is important that you carefully review the Summary Plan Description(s) with Appendix that the Plans sent you at the time of the merger. If you need another copy, please call the Plan Office. To be sure we send you the correct SPD/Appendix, please state the Plan names with which you were affiliated before the merger.

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## Relationships

### ***Marriage***

To add your spouse as a covered dependent on the Health Plan, complete and submit a “Motion Picture Industry Health Plan Beneficiary/Enrollment Card” to the Plan Office.

Coverage for the new spouse will be effective the date of the marriage.

To add your same-sex spouse as a dependent on the Pension and Individual Account Plans, complete and submit a “Pension and Individual Account Plans Beneficiary Designation Form” to the Plan Office along with a copy of your marriage certificate.

### ***Divorce***

A divorced spouse is not eligible for Health Plan benefits. When you get divorced, you must submit a copy of the final decree of divorce to the California Plan Office’s Participant Service Center.

Your former spouse becomes ineligible for health benefits at the end of the month in which the date of the final decree of dissolution of marriage or divorce is entered.

The person losing coverage may be eligible to elect COBRA.

If your designated beneficiary will change because of divorce, complete new beneficiary cards for both the Pension and Health Plans. (Available on [www.mpiphp.org](http://www.mpiphp.org))

## Relationships

### ***Same-Sex Domestic Partnership***

Health benefits are available to Same-Sex domestic partners of Active and Retired Participants.

A domestic partnership for purposes of coverage by the Health Plan, is defined as:

- A committed same-sex relationship similar to a marriage,
- In existence for at least six (6) months,
- Includes financial interdependence, and
- Both partners intend that the relationship be permanent.

Please call the California Plan Office's Participant Service Center for more information.

### ***Termination of the Partnership***

When you end your partnership, notify the Health Plan in writing within 10 days of the termination.

Coverage for the domestic partner terminates at the end of the month in which the domestic partnership ends.

COBRA is not available when a domestic partner loses coverage.

Please call the California Plan Office's Participant Service Center for more information.

## Children

### ***Newborn***

All new dependents must be added to your health plan as soon as possible in order for their claims to be paid timely.

To add a biological dependent child to your health insurance, complete and submit the following documents to the California Plan Office Participant Service Center.

- A new “Motion Picture Industry Health Plan Beneficiary/Enrollment Card,” and
- A copy of the birth certificate or the birth record from the hospital.

### ***Newly-Adopted***

To add a foster child, stepchild or adopted child for whom you are the legal guardian to your health insurance, please submit the following documents to the California Plan Office Participant Service Center:

- A new “Motion Picture Industry Health Plan Beneficiary/Enrollment Card,”
- A completed “Application for Coverage Non-Biological Dependent Child” form,
- A copy of the birth certificate or the birth record from the hospital, and
- Legal documentation (or other documentation deemed adequate by the Plan) stipulating legal guardianship, foster parenthood, adoption or placement for adoption.

Upon receipt of all these documents, the Plan will issue a Notice of Coverage to the Participant, attesting to the eligibility of the child.

***Please Note:*** No coverage can be provided for the child until all the required documentation has been received and acknowledged by the Plan Office.

## Children

***Your Covered  
Dependent Child  
Reaches Age 19***

Health benefits will terminate for the dependent child who turns age 19 unless s/he is enrolled as a full-time student in a fully accredited school.

Submit proof of full-time enrollment to the California Plan Office's Participant Service Center.

A child who ceases to be a full-time student after attaining age 19 and before attaining age 23 will lose coverage as of the last day of the month in which the child ceases to be a full-time student, whether as a result of withdrawal, graduation or any other reason.

If the Participant notifies the Plan within 60 days of the child ceasing to qualify as a dependent, the person losing coverage may elect COBRA up to 60 days following the date the Plan provides the qualified beneficiary with the notice of the right to elect COBRA.

To elect COBRA, complete and submit the form "Notice of Qualifying Event (Form & Notice Procedures)".

***Your Covered  
Dependent Child  
Reaches Age 23***

Health Benefits cease for a dependent child (full-time student) on the first of the month following the student's 23<sup>rd</sup> birthday.

COBRA coverage is available for the dependent child who turns 23.

To elect COBRA, complete and submit the form "Notice of Qualifying Event (Form & Notice Procedures)".

Your right to elect COBRA coverage for your child expires 60 days after the qualifying event.

## Retirement

### ***Retirement and Retiree Health Benefits***

When you're ready to retire, call the California Plan Office's Participant Service Center and make an appointment with a retirement counselor to discuss your options, the rules, and to complete the necessary paperwork.

We will verify your eligibility for Retiree Health benefits.

The effective date of your Retiree Health benefits is determined by the number of Qualified Years and Hours you have, as well as the age at which you retire.

You must file your application for retirement at least two complete calendar months prior to your desired start date. The month you sign the forms is not considered a complete calendar month.

*For example*, if you wished to start your retirement January 1st, you would need to file your application and complete all paperwork in October. The two complete calendar months would be November and December.

Documents you will need when you apply for retirement include:

- Participant (and spouse) proof of date of birth (passport, birth certificate, military discharge papers (DD-214), baptismal certificate),
- Applicable marriage certificates,
- Conformed copies of all previous marriages, divorces with final judgments and property settlements, and
- Death certificates, if any.

## Re-Employment

### ***Returning to Work After Retirement***

If you retire and return to work in the Motion Picture Industry during the first two months of retirement your monthly pension payments will stop until you complete two consecutive calendar months in which no Industry work is performed.

After the first two months of retirement, You may work less than 40 hours in a payroll month and not have your benefit suspended (Month of Suspendible Service).

A payroll month means the period of time beginning on the Sunday before the last Thursday of each month and ending on the Saturday before the last Thursday of the following month. For example, the payroll month of October 2009 would be between 9/20/09–10/24/09.

There may be other penalties involved in returning to work after you retire.

Contact the California Plan Office's Participant Service Center for more information.

## Disability

*Short-Term Disability – 6 Month Duration*

*Long-Term Disability – 18 Month Duration*

*Permanent Disability Extension – Retirement*

Specific rules apply for disability. Please contact the California Plan Office's Participant Service Center for more information.

*Disability  
Retirement  
Pension*

A Participant may be eligible for a Disability Pension if certain required conditions are met, e.g., please contact the California Plan Office's Participant Service Center for more information.

## Military Service

### **Active Military Service**

If you take a military leave for 30 days or less, you will continue to receive health care coverage during that period, in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA).

If you take a military leave for more than 30 days, USERRA permits you to continue coverage for you and your dependents at your own expense, at a cost of 102%, for up to 24 months, as long as you give your Employer advance notice (with certain exceptions) of the leave, and provided your total leave, when added to any prior periods of military leave, does not exceed 5 years (not counting periodic training duty, involuntary active duty extensions, or where the initial enlistment lasted more than five (5) years).

The MPI Health Plan will coordinate coverage with TRICARE. TRICARE STANDARD is the new name for the health care option formerly known as CHAMPUS (Civilian Health and Medical Program of the Uniformed Services).

If you served in the armed forces of the United States and returned to work in the Motion Picture Industry within the period specified by law, you may receive additional pension credit for your hours in the service.

Please contact the California Plan Office's Participant Service Center for more information.

## Death

***Death of  
Participant –  
Active or Retired***

If a Participant dies, a family member or other person responsible for the Participant's affairs should promptly notify the California Plan Office's Participant Service Center.

***Death of  
Dependent***

Please notify the Plan Office's Participant Service Center immediately in writing of the loss of a spouse, same-sex domestic partner, or dependent child.

Include the date of death and a copy of the death certificate, when available.

If your dependent is named as your beneficiary, you will need to complete and submit new Pension and Health beneficiary forms. (Available on the web at [www.mpiphp.org](http://www.mpiphp.org))

***Death of  
Designated  
Beneficiary***

We encourage Participants to complete new Pension and Health Plans' Beneficiary cards in the event of beneficiary death.

Beneficiary Designation cards are available from either the Plans' Offices or on the web at [www.mpiphp.org](http://www.mpiphp.org)

## Other

### ***You or Your Spouse Turn Age 65 and/or Become Eligible for Medicare***

Participants and eligible dependents turning age 65 or who become eligible for Medicare before age 65 for any reason, **MUST** enroll immediately in Medicare, Parts A and B.

If Medicare (Parts A and/or B) are the primary payer and you or your eligible dependents have chosen not to enroll in any portion of Medicare, the MPI Health Plan's payable amount will be reduced by the estimated value of the benefits Medicare would have paid, had you enrolled.

The Participant will be responsible for any Overpayments.

Call Social Security Administration at 1-800-MEDICARE for more information.

### ***You Have Other Health Insurance***

When you or your eligible dependents have any other Employer group health insurance, the MPI Health Plan will coordinate with the other group plan. (Coordination of Benefits) This provision does not apply to individual health insurance policies.

A Participant's spouse or same-sex domestic partner who is eligible for health insurance through his/her own Employer, must enroll for coverage, even if s/he must pay all or a portion of the premium cost for coverage.

If they do not, the MPI Health Plan will not provide **any** medical-hospital coverage for that individual. (The spouse or same-sex domestic partner will however, continue to be covered for dental, vision and prescription benefits through the MPIHP as primary.)

## Other

### ***Incapacity of Participant***

If a Participant becomes incapacitated, the Pension and Health Plans will require evidence of incapacity as well as specific authorization papers before someone else can legally handle transactions for them, including changes of address.

Contact the Plan Office's Participant Service Center for more information.

### ***When You Move***

Notify the Plan Office's Participant Service Center immediately of an address change, by completing and submitting a "Change of Address Card", available on the Plan's website, or call the Plan Office.

Your address change will be made to both the Pension and Health Plans', as applicable.

### ***You Wish to Grant Someone Access to Your Health Information***

If you would like to allow someone, such as your spouse, to access your information maintained by the MPI Health Plan, complete an "Authorization for Release of Health Information" form, available on [www.mpiphp.org](http://www.mpiphp.org).

Submit the completed form to the California Plan Office's Participant Service Center.

## Other

### ***You or a Dependent Suffer an Accident or Illness For Which a 3rd Party Would be Responsible (Includes Workers' Compensation)***

Notify the California Plan Office's Participant Service Center immediately of an accident, Workers' Compensation case or any situation where an employer, other insurer or individual would have responsibility for payment.

Complete and timely return all required paperwork to the California Plan Office's Participant Service Center.

### ***You Think You May Be Eligible For Health Benefits***

600 hours are required for initial eligibility.  
300 hours are required to maintain your eligibility.

If you believe you have worked enough hours for health eligibility but have not received notice from us, please contact the California Plan Office's Participant Service Center.

### ***Your Annual Statements***

Always check your MPI Pension and Health Plans annual statements carefully against your payroll records for discrepancies in the hours worked.

If you find a discrepancy, it is your responsibility to contact your Employer first for resolution, and if necessary, your Union, for assistance.

If you cannot resolve the situation with your Employer or Union, contact the California Plan Office's Participant Service Center.

FOR MORE DETAILED INFORMATION  
PLEASE REFER TO YOUR SUMMARY PLAN  
DESCRIPTIONS  
OR VISIT MPIPHP ON THE WEB AT  
[WWW.MPIPHP.ORG](http://WWW.MPIPHP.ORG)

## Provisions of the Plans Govern

In the event of any inconsistency between the information contained in this brochure and the provisions of the Plans, the actual provisions of the Plans shall govern.

The benefits and conditions indicated in this brochure are also subject to change by action of the Board of Directors of the Plans.

Copies of the Motion Picture Industry Pension Plan, Motion Picture Industry Individual Account Plan, and Motion Picture Industry Health Plan Trust Agreements are available in the Office of the Plans for inspection by all Participants.

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