



Middletown Works Hourly & Salaried

Union Retirees Health Care Fund

1201 Crawford Street • Middletown, OH 45044

PH: (513) 217-4818 • TOLL FREE: (877) 392-9991 • Fax: (513) 672-9622

Website: www.middletownworkshcf.com

Date: _____

MBR Name
ADDR
ADDR

Member WPAS ID:

Dear Member,

It has been brought to our attention that you are currently residing in a nursing home and receiving Medicaid insurance benefits. Per the Plan's guidelines, you no longer meet the requirements to receive the Medicare Part B reimbursement benefit.

Starting Date _____, we will be deducting \$ _____ from your account to cover your medical and prescription drug coverage.

You may elect to opt-out and suspend medical and prescription drug coverage, and still be able to resume this coverage later. This allows you to have access to your retiree benefits when you need them (and not have to pay monthly premiums while coverage is suspended).

You will continue to be eligible for life insurance. There is no premium for the life insurance benefit. If applicable, you may also continue dental and vision coverage, the premium would be paid out of pocket.

If you choose to Opt-Out of medical and prescription drug coverage, please complete the enclosed Opt-Out Form, sign and date the form. Enclosed you will find a return envelope for your convenience.

If you have any questions or concerns, please contact the Middletown Works Retirees Health Plan at (877) 392-9991.

Sincerely,
The Fund's Administrative Office