



## Musicians Health Fund

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## DUAL CONTRIBUTIONS ELECTION FORM

*(Combined Employer contributions for Married Couples and Domestic Partners)*

If you and your spouse (or eligible domestic partner) are both active employees working for employers contributing to the Local 802 Musicians' Health Fund on both of your behalf, but neither of you has earned sufficient contributions to establish eligibility on your own, the contributions may be combined for the purpose of obtaining family coverage from the Fund (you cannot elect individual coverage if you are combining contributions in order to achieve eligibility).

If you wish to combine contributions for this purpose, you must designate one of you as the primary insured member (covered participant) and the other would be covered as the dependent. Either of you may be the primary member.

Your election will be effective as of the current contribution period, which determines eligibility for the next following coverage period. If you submit this form to the Fund at any time during the period from January through June, it will determine your eligibility starting with the following September to February coverage period. If you submit it at any time during the period from July to December, it will determine your eligibility starting with the following March through August coverage period.

Your election to combine contributions shall be effective continuously until either of you elects to disaggregate your contributions by your election on the "ELECTION TO DISAGGREGATE CONTRIBUTIONS" form below or until you are no longer eligible for family coverage (i.e., you are no longer married or domestic partners). If in the future one of you is eligible for coverage based on your contributions alone, you will be entitled to elect individual or family coverage. If then at a later time you again require combining contributions to earn eligibility, your contributions will automatically be combined again and you will only be able to elect family coverage.

**Both of you must complete the applicable form and return it to the Local 802 Musicians' Health Fund.**

All contribution and coverage rules are subject to the terms of the plan. Please refer to the Health Fund's Summary Plan Description, available on the Fund's website.

**ELECTION TO COMBINE CONTRIBUTIONS**

To obtain family coverage through the Local 802 Musicians' Health Fund, we (the undersigned) are electing to combine our earned employer contributions for the current contribution period, which determines eligibility for the NEXT coverage period. (We understand that if we submit this form to the Fund Office during the period from January through June, it will determine our eligibility starting with the following September to February coverage period, and that if we submit it during the period from July to December, it will determine our eligibility starting with the following March to August coverage period.)

We understand that our contributions shall continue to be combined for future eligibility until either of us notifies the Fund that we wish to disaggregate our contributions (using the form on the next page) or until we are no longer eligible for family coverage under the Fund's rules.

1. **PRIMARY INSURED MEMBER** \_\_\_\_\_  
*(Print Name)*

Union Card # \_\_\_\_\_

\_\_\_\_\_  
*Signature of Primary Insured Member* *(Date)*

**MUST BE NOTARIZED**

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20 \_\_\_\_\_

2. **SECONDARY MEMBER** \_\_\_\_\_  
*(Dependent spouse/partner)* *(Print Name)*

Union Card # \_\_\_\_\_

\_\_\_\_\_  
*Signature of Secondary Member* *(Date)*

**MUST BE NOTARIZED**

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20 \_\_\_\_\_

## **ELECTION TO DISAGGREGATE CONTRIBUTIONS**

By signing below (must be notarized), I elect to DISAGGREGATE my contributions with those of my spouse (or eligible domestic partner) under the Local 802 Musicians Health Fund. I understand that as a result of such disaggregation, contributions that are paid to the Fund by employers on behalf of my spouse (or eligible domestic partner) and myself will NOT be combined for purposes of establishing eligibility for coverage from the Fund. We understand that either or both of us MAY LOSE ELIGIBILITY for coverage from the Fund as a result of this election.

This election to disaggregate contributions will be effective as of the current contribution period, which determines eligibility for the NEXT coverage period. (If you submit this form during the period from January through June, your contributions will not be combined for determining your eligibility starting with the following September to February coverage period. If you submit it from July to December, your contributions will not be combined for determining your eligibility starting with the following March to August coverage period.)

### **THIS FORM MUST BE NOTARIZED**

#### **Names of Members with Combined Contributions:**

\_\_\_\_\_  
*(Print Name)*

\_\_\_\_\_  
*(Print Name)*

#### **Member electing to disaggregate contributions:**

\_\_\_\_\_  
*(Print Name)*

Union Card # \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*(Date)*

### **MUST BE NOTARIZED**

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20 \_\_\_\_\_