

Wow, those few months were a whirlwind. I went from being a new Laborer to becoming a husband and soon to be a dad. That year the winter was pretty mild, so lucky for me I worked all winter. I received a Self-Pay letter in late March telling me that I was going to lose my insurance. I was completely surprised! There was also an affidavit enclosed, I had no idea what I was reading. So I did what most Laborers' do and I called the Benefit Office. The ladies told me that since I didn't work enough hours between December, January and February, I would lose coverage on April 1<sup>st</sup>. They explained the form and what I needed to do to continue my insurance.

I was still a little confused because I knew I didn't miss work and I also knew that I had been working lots of overtime in Wentzville. When I mentioned that to them, they called the other Welfare Fund in Missouri and checked my hours. I didn't realize that even though I was doing the same job, with the same company but working in a different area, my hours were going somewhere else. I was told that I needed to fill out a Transfer Authorization form and then my hours would come back to St. Louis. They then told me it could take a while to get my hours transferred back to St. Louis. With Susan being pregnant and going to the doctor it made me very nervous. They explained my self-pay options. All I had to do was send a check with a signed affidavit and my insurance would continue for me and my family. So I took their advice and sent in the form and check.

It's good to know we have options to continue our insurance for ourselves and families. Be sure to read the back page of the Buzz to learn about transferring your hours. See you next month!



**LABORERS'**  
**Affidavit for Self-Payment**

In order to continue coverage, this form must be fully completed each qualifying quarter.

- Are you a member of Local 42 or 1107? Yes  No
- Are you available for work tomorrow with Local 42 or 1107? Yes  No   
If no, please explain: \_\_\_\_\_
- Are you currently working? Yes  No   
If yes, who are you working for? \_\_\_\_\_  
How long have you been working for them? \_\_\_\_\_
- Do you have coverage through any other group policy? Yes  No   
If yes, provide policy name? \_\_\_\_\_
- Are you retired? Yes  No
- Are you on Workman's Compensation disability? Yes  No
- Have you become totally and permanently disabled? Yes  No

If any of the above changes you must notify the Benefit Office.

I select the following self payment coverage option: Family (\$150.00/month or \$450.00/Quarter)

Single (\$100.00/month or \$300.00/Quarter)

You will not have insurance coverage until the Benefit Office receives the Self-Payment Affidavit and payment in our office. Payment must be received in our office and/or postmarked by the 5th of the current month in which the premium is due. Allow 48-72 hours before reinstatement of eligibility/benefits (not to include weekends).

We cannot accept cash. You may deliver or mail your check/money order payment to:  
Construction Laborers' Welfare Fund  
2357 9th Street, St. Louis, MO 63110.

Member Name: \_\_\_\_\_ SSN or Medical ID#: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Local: \_\_\_\_\_  
Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2357 9th Street, St. Louis, MO 63110-9811 • Phone: 314-644-3777 • Fax: 314-648-4488



Larry the Laborer' is a brief summary of your benefits. The Plan Document has final authority in the case of any conflicts or confusion to Plan benefits.