

# ***IATSE Local 504 Health & Welfare Trust Fund***

Administered by: Benefit Programs Administration  
Toll Free (888) 806-8942 • FAX: (562) 463-5894 • Toll Free (562) 595-6463  
www.iatse504welfare.org

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## **Important Notice SPECIAL ENROLLMENT RIGHTS UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996**

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Trust Fund is hereby notifying you of HIPAA's special enrollment rights. These enrollment rights are applicable if you are a current employee and you initially declined health and welfare coverage under the Plan for you and/or your dependent(s) because you and/or your dependent(s) had other health coverage, if you initially declined health and welfare coverage under the Plan for your dependent(s) for another reason but subsequently obtain other health coverage for them, decline coverage under this Plan again during an open enrollment period for that reason and then lose that other health coverage, or if you add a new dependent(s).<sup>\*</sup> You cannot waive coverage under this Plan for yourself, unless you have other health coverage.

### **Loss of Coverage**

1. You may be eligible to enroll you and/or your eligible dependent(s) (including your spouse) if you and/or your dependent(s) lose their eligibility under the other health coverage, so long as you request enrollment within 30 days after you and/or your dependent(s) coverage ends. (The 30-day enrollment rule is changed to 60 days if you and/or your dependent(s) lose coverage under a Medicaid plan under Title XIX of the Social Security Act (Medicaid) or under a state child health insurance plan under Title XXI of such Act (CHIP).) Coverage will begin no later than the first day of the first calendar month beginning after the date the Trust Fund receives your request for special enrollment subject to #3.
2. If you do not inform the Trust Fund within 30 days (or 60 days, as applicable) of you and/or your dependent(s) coverage ending, you may still enroll you and/or your dependent(s) but you must wait until the Plan's next open enrollment period in November of each year subject to #3. In this situation, the Plan's two-month waiting period will apply.
3. Your employer must also remit the required monthly contributions in accordance with the Plan's eligibility rules and you must substantially complete the Plan's enrollment materials.

### **Addition of New Dependent**

1. If you previously declined coverage for you and/or your dependent(s) and you add a new dependent(s) as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll you and/or your dependent(s) so long as you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. (The 30-day enrollment rule is changed to 60 days if you and/or your dependent(s) lose coverage under Medicaid or a CHIP.) Coverage will begin in the case of marriage, no later than the first day of the first calendar month beginning after the date the Trust Fund receives the request for special enrollment; in the event of birth, adoption or placement for adoption, coverage will begin with the date of birth, adoption or placement for adoptions, respectively, subject to #3.
2. If you do not inform the Trust Fund within 30 days (or 60 days, as applicable) after the marriage, birth, adoption or placement for adoption, you may still enroll you and/or your dependent(s) but you must wait until the Plan's next open enrollment period in November of each year subject to #3. In this situation, the Plan's two-month waiting period will apply.
3. Your employer must also remit the required monthly contributions on behalf of you and/or your dependent(s) in accordance with the Plan's eligibility rules and you must substantially complete the Plan's enrollment materials.

If you have any questions or you want to request special enrollment for you and/or your dependents, please write or call the Trust Fund's Administrative Office at:

IATSE Local 504 Health and Welfare Trust Fund  
1200 Wilshire Blvd., 5<sup>th</sup> Floor  
Los Angeles, CA 90017-1906  
(800) 806-8942

**\* Important Note:** Under no circumstances will this Fund offer dependent coverage only. The employee must be a participant in the Plan before his dependents are eligible for coverage. In addition, all existing dependent children must be added to the Plan at the same time, i.e., coverage for only one dependent child is not available if you have more than one.