



Transportation Communications International Union

An affiliate of the International Association of Machinists and Aerospace Workers



God Bless America

SOCIAL SERVICES DEPARTMENT

Robert A. Scardelletti, *International President*

Russell Oathout, *International Secretary-Treasurer*

November 30, 2010

TO: International Representatives
Assistant International Representatives
All Local Chairpersons (with members covered by the Railroad Employees National Health and Welfare Plan)

Dear Sisters and Brothers:

You were notified in July 2010 that the Federal Law now requires the reporting of Social Security Numbers (SSNs) for covered dependents to the Centers for Medicare & Medicaid Services (CMS). In addition, if a covered dependent is eligible for Medicare, then the Medicare Health Insurance Claim Number (HICN) is also required.

Further, you were informed that periodic mailings were being sent to participants covered under the Railroad Employees National Health and Welfare Plan who were identified with missing dependent(s) SSN and/or HICN data. Participants are being requested to provide the SSN and/or HICN for any dependent that is listed as missing by completing the Social Security Reporting Form attached to the letter or by contacting the Railroad Enrollment Services Department at 1-800-753-2692. **Only those participants who received the notice had to take action.** For anyone who did not receive a notice, all necessary information is already on file.

Failure to provide the SSN or HICN for any dependent(s) will result in the dependent(s) being disenrolled from the Plan until such time as the Railroad Enrollment Services receives the information.

For any dependent(s) added to the Plan between January 1, 2009 and May 31, 2010, the deadline for submitting the missing SSN/HICN was **July 31, 2010**. If the Social Security Number was not received by the deadline, the dependent(s) were disenrolled from the Plan effective **July 31, 2010**.

For any dependent(s) added to the Plan before January 1, 2009, the deadline for submitting the missing SSN/HICN is **January 31, 2011**. If the Social Security Number is not received by the deadline, the dependent(s) will be disenrolled from the Plan effective January 31, 2011.

Such disenrollment will remain in effect until such time as United Healthcare receives the required Social Security and/or HICN number for the involved dependents. At which point, coverage will be reinstated retroactively to the date the dependent was disenrolled.

Please be advised that the attached final 60-day notice is being sent to members who have failed to furnish his/her dependent(s) Social Security number(s) to United HealthCare. If the member fails to provide the SSNs for any dependent(s), the dependent(s) will be disenrolled from coverage on **January 31, 2011**.

You should be aware that neither you nor anyone within TCU can intervene in the Medicare Secondary Payer process on behalf of a member. Every employee with dependents must furnish the required documentation **to the Railroad Enrollment Services** (not TCU) and the protocols are not subject to exception or override. Accordingly, the only advice you can give a non-responding member at this point is extremely straightforward: **call Railroad Enrollment Services at 1-800-753-2692 immediately**.

In solidarity,



Robert A. Scardelletti
International President

Attachment

cc: Executive Council
Carmen Division Officers
All Other Local Chairpersons, as information

JOINT PLAN COMMITTEE

THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN

A. KENNETH GRADIA, CHAIRMAN
 NATIONAL CARRIERS' CONFERENCE COMMITTEE
 1901 L STREET, N.W.
 SUITE 500
 WASHINGTON, DC 20036

ROBERT A. SCARDELETTI, CHAIRMAN
 HEALTH & WELFARE COMMITTEE
 COOPERATING RAILWAY LABOR ORGANIZATIONS
 3 RESEARCH PLACE
 ROCKVILLE, MD 20850

December, 2010

Action Required - Health Benefits for Your Dependents May End Soon

Dear Railroad Employee:

We understand that you have received one or more notices from Railroad Enrollment Services indicating that they do not have Social Security Numbers on record for one or more of your dependents who are covered under the Railroad Employees National Health & Welfare Plan ("Plan"). Federal Law requires the reporting of Social Security Numbers for covered dependents to the Centers for Medicare & Medicaid Services (CMS). In addition, if your covered dependent is eligible for Medicare, then the Medicare Health Insurance Claim Number (HICN) is also required. If you have not provided the Social Security Number or the Medicare HICN (if applicable) for any or all of your covered dependents, please provide all digits in the columns provided on the enclosed Social Security Number Reporting Form. **Failure to provide the SSN for any dependent will result in his/her disenrollment from the Plan until this information is received.**

Enclosed is a list of all of your dependents shown as actively covered under the Plan. Please provide the Social Security Number for any dependent who is listed as missing the Social Security Number by following the instructions below.

Instructions

- If the Social Security Number for a given dependent is already shown on Plan records, the words 'ON FILE' will appear under the Social Security Number column next to the name of the dependent. **Please read the form carefully**, as not every dependent listed necessarily has his/her Social Security Number missing. Listed on the Social Security Number Reporting Form are all of your covered dependents, although only some may have missing Social Security Numbers. If you received this communication, you have at least one dependent who has the Social Security Number missing from the Railroad Enrollment Services' records.
- If 'ON FILE' does not appear under the Social Security Number column next to the name of the dependent, please provide all nine digits of the SSN in the column provided.
- If any dependent is also eligible for Medicare, please provide all digits and/or characters of the Medicare Health Insurance Claim Number (HICN) in the column provided. You can find the HICN on the front of the red, white and blue Medicare Health Insurance Card under the words 'Medicare Claim Number'.
- If you wish to remove coverage for any dependent at this time, place a check mark in the parenthesis under the 'Check to Remove' column next to the applicable dependent. Please provide the date and the reason you are removing coverage (e.g., divorce, child is now married, etc.) in the columns provided on the enclosed form.
- Please sign and date the Social Security Number Reporting Form.
- Please complete and return this form no later than January 31, 2011 to avoid having any of your dependents disenrolled from the Plan.

- Mail the completed form in the envelope provided. If you are using an envelope other than the one provided, please use the following address:

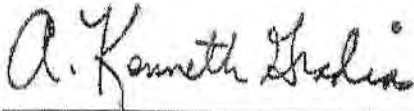
Railroad Enrollment Services
PO Box 30775
Salt Lake City, UT 84130-0775

or for overnight delivery use: Railroad Enrollment Services
505 Boices Lane
Kingston, NY 12401

If we do not receive the Social Security Number for any dependent whose SSN is missing by January 31, 2011, the dependent(s) will be disenrolled from the Plan effective January 31, 2011.

If you have questions regarding the collection of this information or questions regarding the dependents listed on your form, please call Railroad Enrollment Services at 1-800-753-2692.

Sincerely,



A. Kenneth Gradia, Chairman



Robert A. Scardelletti, Chairman