

# **BMW HEALTH AND WELFARE FUND FOR OCCUPATIONALLY DISABLED MEMBERS**

Administered by Southern Benefit Administrators, Incorporated

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2001 Caldwell Drive  
Goodlettsville, TN 37072-3589

Dear BMWED Member:

The purpose of this notice is to remind members of participating federations of the existence of the BMW Health and Welfare Plan for Occupationally Disabled Members and to invite those members who feel they may be eligible for the benefits to submit an application.

As you may remember, the BMW Health and Welfare Plan for Occupationally Disabled Members was established to provide health coverage to occupationally disabled members and their families during the transition period between the time coverage terminates under the National Health and Welfare Plan and the date the individual becomes eligible for Medicare or recovers from the disability.

The Trustees have established eligibility provisions to determine whether a member qualifies for coverage under this Plan. If you become occupationally disabled you may become eligible for benefits under the Plan if you meet **all** of the following criteria as of January 1, 2012:

- You have been determined to be occupationally disabled by the U.S. Railroad Retirement Board;
- You have earned at least 12 compensated service months in employment under the jurisdiction of the BMWED within the 24 consecutive month period ending on the date on which you became occupationally disabled;
- You qualified for coverage under the Railroad Employees National Health and Welfare Plan as of the date you became occupationally disabled;
- You performed some compensated service on or after January 1, 2004, the date this Plan was established; and
- You have ceased to be eligible for benefits under, or eligible to enroll for benefits under, the Railroad Employees National Health and Welfare Plan or any other railroad connected plan of health coverage.

If you feel that you may be eligible for this coverage and would like additional information, we would encourage you to complete the form found on the reverse side of his announcement and mail it to the Plan office at the address shown.

Members who qualify may enter the plan only on January 1<sup>st</sup> of each year. If you qualify for this coverage but you do not make timely application prior to the end of this year, you will be required to wait until January 1 of 2013 to become covered under the Plan. Therefore, if you feel that you may qualify for coverage under the Plan, it would be in your best interest to go ahead and make inquiry at this time so that the Fund office can evaluate your situation to determine whether you meet all of the eligibility requirements.

The form on the reverse side of this newsletter must be received in the Plan office no later than October 15, 2011. If it appears that you qualify for this coverage, you will receive an enrollment form which you will then be requested to complete and file with the Fund office. At the present time, there is no cost for this coverage.

Best regards,

Board of Trustees

IF YOU THINK YOU MAY QUALIFY FOR BENEFITS UNDER THE  
BMW HEALTH AND WELFARE PLAN FOR  
OCCUPATIONALLY DISABLED MEMBERS  
AS OF JANUARY 1, 2012,  
PLEASE COMPLETE THE FORM BELOW AND MAIL TO THE FUND OFFICE

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Marital Status:  Married  Single

Date you were determined to be occupationally disabled: \_\_\_\_\_

Date you last performed compensated service: \_\_\_\_\_

Are you currently eligible for benefits under the Railroad Employees National Health and Welfare Plan?  If not, when did your coverage terminate? \_\_\_\_\_

Are you eligible to enroll for Medicare benefits?  If you have a spouse, is he or she eligible to enroll for Medicare benefits? \_\_\_\_\_

I am a member of:  Allied Eastern Federation  
 Nickel Plate-Wheeling & Lake Erie Federation  
 Southern System Division Federation

\_\_\_\_\_  
(Member's Signature)

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

Mail To:  
BMW Health and Welfare Plan for Occupationally Disabled Members  
P.O. Box 1449  
Goodlettsville, TN 37070-1449