



# HAWAII TEAMSTERS TRUST FUNDS

615 PIIKOI STREET, SUITE 601 - HONOLULU, HAWAII 96814-3140  
PHONE: TRUST OFFICE (808) 847-0886 - ADMINISTRATIVE OFFICE (808) 591-8466  
FAX (808) 593-8661-NEIGHBOR ISLANDS DIAL DIRECT 1 (800) 232-9669

Hawaii Truckers-  
Teamsters Union  
Pension Plan

Teamsters Health &  
Welfare Trust Fund

Teamsters Legal  
Services Plan

Teamsters Training  
and Opportunity  
Program

April 17, 2003

**TO: ALL OTS ACTIVE AND RETIRED PARTICIPANTS OF THE HAWAII  
TEAMSTERS HEALTH & WELFARE TRUST**

**FROM: BOARD OF TRUSTEES**

**RE: SUMMARY PLAN DESCRIPTION AMENDMENT FOR SUPPLEMENTAL  
HEALTH PLAN FOR OTS RETIREES**

---

Effective **FEBRUARY 1, 2003**, page 13 of the Supplemental Health Plan for OTS Retirees Summary Plan Description has been amended to allow a special enrollment period if you qualify under one (1) of the following two (2) requirements:

1. You declined coverage for yourself and/or your spouse as a result of coverage under another group health plan, or
2. You obtain a new spouse through marriage.

If you declined enrollment for yourself or your spouse because of other health insurance coverage, you may enroll yourself and/or your spouse provided you request enrollment within 30 days after your coverage under the other health plan ends. If you fail to enroll during this special 30-day period, you must wait until the next open enrollment period.

If you have a new spouse as a result of marriage, you may enroll your new spouse provided you request enrollment within 30 days as of the date of marriage. If you fail to enroll during this special 30-day period, you must wait until the next open enrollment period.

## **REMINDER**

To add a spouse or dependent child, you must submit proper documentation, in writing, to the Trust Office within 30 days of the date of marriage, birth, adoption, or placement for adoption. If you do not add a dependent within this 30-day period, you must wait until the next open enrollment period to add any new dependents.