



# Atlanta Plumbers and Steamfitters Health and Welfare Fund

c/o National Employee Benefits Administrators, Inc.  
1 (888) 365-0072



To: All Plan Participants  
From: Board of Trustees  
Date: April 2020  
RE: Health & Welfare Benefits

## IMPORTANT ANNOUNCEMENTS ABOUT YOUR HEALTH AND WELFARE BENEFITS

The Board of Trustees of the Atlanta Plumbers and Steamfitters Health and Welfare Fund (“Fund”) wishes to extend their best wishes for the wellbeing of you and your families during this unprecedented time. In accordance with the Families First Coronavirus Response Act (“FFCRA”), a package of provisions aimed at providing emergency relief and support during the 2020 novel coronavirus/COVID-19 pandemic, the Board has approved certain changes to your benefit plan.

The following services will be covered without any cost sharing charges (e.g. no deductible, co-payment, or co-insurance) for the Fund’s eligible participants and dependents:

1. Diagnostic tests to detect the coronavirus that are approved or authorized by the FDA, including the administration of such tests; and
2. Items and services furnished to individuals during provider office visits (whether in-person or via telehealth), urgent care visits, and emergency room visits that result in an order for, or the administration of, a test as described above, but only to the extent such items or services relate to the furnishing or administration of the test or the evaluation of whether the individual needs the test.

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#### ADMINISTRATIVE MANAGER:

National Employee Benefits Administrators, Inc.  
1.888.365-0072 (Toll Free) • 954.266.6322 • 954.266.2079 (Fax)  
[www.nebainc.com](http://www.nebainc.com)

2010 N.W. 150th Ave, Suite 100  
Pembroke Pines, FL 33028

374 Maynard Terrace, S.E., Suite 72  
Atlanta, GA 30316

3715 Northside Parkway, Suite 2-495  
Atlanta, GA 30327



This provision applies to tests, items and services provided on or after March 18, 2020 through the end of the federal government's declared emergency period related to COVID-19.

Medically necessary treatment of COVID-19 remains covered under the normal rules of the Plan (including cost sharing and other requirements).

### **Dependent Coverage Contributions**

If you are not currently working and were previously making dependent coverage contributions via payroll deductions, there are several options available to you. You may self pay for the contributions owed via credit card, debit card, check or money order. If you are on the "Out of Work" list at Local 72 or are furloughed, you may withdraw hours from your hour bank to use as payment instead.

#### ***If You Are on The Local 72 Out of Work List or Furloughed***

- You may submit an hour bank withdrawal form via NEBA's website, <https://www.nebainc.com/send-secure-file/> (***preferred***). A copy of the form is enclosed.
- You may submit an hour bank withdrawal form via U.S. Mail to the following address. A copy of the form is enclosed.

Atlanta Plumbers & Steamfitters H & W Fund  
2010 N.W. 150<sup>th</sup> Avenue, Suite 100  
Pembroke Pines, FL 33028  
***(Postal service delays may occur)***

- You may remit payment by credit or debit card via NEBA's website, <https://os.nebainc.com/atldependent> (***preferred***).
- You may remit payment via check or money order via U.S. Mail to the address listed above. (***Postal service delays may occur***)

#### ***If You Are Not Working, Not on The Local 72 Out of Work List, and Not Furloughed***

- You may remit payment by credit or debit card via NEBA's website, <https://os.nebainc.com/atldependent> (***preferred***).
- You may remit payment via check or money order via U.S. Mail to the address listed above. (***Postal service delays may occur***)

## Instructions for Remitting Credit or Debit Card Payments:

1. Visit <https://os.nebainc.com/atldependent>.

The screenshot shows the 'Self-Pay Dependent Coverage Contribution' form. It includes fields for Member Information (First Name: Karin, Last Name: Peters, UA ID: Sample, SSN: 123-45-6789), Coverage Period (From: 202005, To: 202005), Coverage Type (Spouse and Children - \$30 Per Week), and Card Holder Information (First Name: Karin, Last Name: Peters, Street Address: 2010 NW 150th Avenue, Suite 100, City: Pembroke Pines, State: FLORIDA, Zip Code: 33028, Phone #: (954) 266-6322). The Payment Amount section shows a total due of \$123.60, including a 3% service fee of \$3.60. There are 'Continue' and 'Cancel' buttons at the bottom.

- A. Complete all requested information in the fillable form.
- B. If you are unsure how much you owe, or what coverage period you must pay for, please contact NEBA at:  
[72Enrollment@secure.neba-fl.com](mailto:72Enrollment@secure.neba-fl.com)  
or  
1-888-365-0072
- C. Click Continue to complete checkout.

2. Complete the checkout process.

The screenshot shows the 'Review Your Order' page for NEBA Dependent Coverage Contributions. The total amount is USD 123.60. There is a link to 'Return to Dependent Coverage Contributions'. The 'Pay With Your Credit Card' section includes fields for Cardholder Name (Karin Peters), Credit Card Number, Expiry Date (MMYY), and Email. Below these fields is a confirmation email address and a 'Verification' section with an 'I'm not a robot' checkbox and a reCAPTCHA logo. At the bottom, there is a 'Pay With Your Credit Card' button.

- D. Enter your credit or debit card details.
- E. Enter your email address to get an email confirmation.
- F. Check the "I'm not a robot" box.
- G. Click the "Pay With Your Credit Card" box to complete the transaction.

**Instructions for Using the Secure Upload Feature of NEBA’s Website:**

1. Visit <https://www.nebainc.com/send-secure-file/>.

- A. Complete the requested information in the fillable form.
- B. Choose the Atlanta Office from the department drop down list.
- C. Click the “Choose File” button to select the file you wish to send. This will allow you to select a saved file on your computer, or open your device camera if you are using a smartphone or other mobile device with a camera.
- D. Click the “Submit” button.

As always, please feel free to call the Plan's Third Party Administrator, National Employee Benefits Administrators, Inc. ("NEBA") with any questions.

NEBA can be reached at:

National Employee Benefits Administrators, Inc.  
374 Maynard Terrace SE, Suite 072  
Atlanta, GA 30316  
Toll Free 888.365.0072 | Fax 404.464.7905





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## Request to Withdraw Hour Bank Hours for Payment of Dependent Coverage Employee Contributions

Name		SSN	___ - ___ - _____
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1. Please indicate below which coverage period(s) you wish to use your Hour Bank hours to make payment for. Please mark your selection with a checkmark and write in the year.

<input type="checkbox"/>	January 20 __ __
<input type="checkbox"/>	February 20 __ __
<input type="checkbox"/>	March 20 __ __
<input type="checkbox"/>	April 20 __ __

<input type="checkbox"/>	May 20 __ __
<input type="checkbox"/>	June 20 __ __
<input type="checkbox"/>	July 20 __ __
<input type="checkbox"/>	August 20 __ __

<input type="checkbox"/>	September 20 __ __
<input type="checkbox"/>	October 20 __ __
<input type="checkbox"/>	November 20 __ __
<input type="checkbox"/>	December 20 __ __

2. Please indicate below why you are requesting to withdraw hour bank hours.

<input type="checkbox"/>	Out of Work (On "Out of Work" list at Local 72)
<input type="checkbox"/>	Furloughed Due to COVID-19 (Must submit furlough letter from employer)

3. Please sign below.

*I wish to use my hour bank hours as payment for dependent coverage. I hereby request that the required hours be deducted from my hour bank, at a rate per hour which is equal to the Journeyman Health and Welfare Fund contribution rate for the work period(s) that correspond with the coverage period(s) I have indicated above.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form via NEBA's secure website at <https://www.nebainc.com/send-secure-file/>

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## For Internal Use

### *Union Verification of Status*

		<b>Union Employee Verifying Status:</b>
<input checked="" type="checkbox"/>	<b>Out of Work</b> <i>On "Out of Work" list at Local 72</i>	Name: _____ Signature: _____ Date: _____

Notes:

## For Internal Use

### *NEBA Verification of Status*

		<b>NEBA Employee Verifying Status:</b>
<input checked="" type="checkbox"/>	<b>Furloughed Due to COVID-19</b> <i>Received copy of furlough letter from employer.</i>	Name: _____ Signature: _____ Date: _____

Notes:

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