



## South Florida Hotel and Culinary Employees Welfare Fund

c/o National Employee Benefits Administrators, Inc.

2010 N.W. 150<sup>th</sup> Avenue, Suite 200 • Pembroke Pines, FL 33028

(800) 842-5899 • (954) 266-6322 • Fax (954) 266-2079



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**Date:** March 13, 2023  
**To:** All Eligible Employees  
**From:** Board of Trustees  
**Re:** South Florida Hotel and Culinary Employees Welfare Fund – Open Enrollment

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During **April 17<sup>th</sup>, 2023 – June 1<sup>st</sup>, 2023**, the South Florida Hotel & Culinary Employees Welfare Fund is conducting open enrollment for the UnitedHealthcare benefit plans offered by the Fund. All eligible participants can enroll for benefits, make changes, enroll dependents, remove dependents, or waive benefits during this timeframe.

**IF YOU ARE CURRENTLY ENROLLED IN THE PLAN AND ARE NOT MAKING ANY CHANGES, NO ACTION IS REQUIRED ON YOUR PART AT THIS TIME.**

If you wish to make changes to your coverage, or the dependents you have enrolled, you will be permitted to do so during the **open enrollment period which is April 17<sup>th</sup>, 2023 – June 1<sup>st</sup>, 2023**. You can enroll online and/or designate a Primary Care Physician (PCP) by visiting the following website:

<https://www.nebainc.com/unitehere/>

If you prefer, you may also call 1-800-842-5899 or email [uhenrollment@secure.neba-fl.com](mailto:uhenrollment@secure.neba-fl.com) and request a paper application. **Please be advised that proof of dependent status will be required for all enrolled dependents.**

You will be required to provide copies of the following documents if you wish to enroll any new dependents:

**SPOUSE:**

- Social Security Card
- Marriage Certificate

**Domestic Partner:**

- Social Security Card
- Notarized Domestic Partnership Form
- 3 proofs of joint living.

**DEPENDENT:**

- Social Security Card
- Birth Certificate
- Legal Adoption documents
- Court documents declaring dependency

**If you are enrolling new dependents, this documentation must be submitted to the Fund's Administrative Manager, NEBA, or your new dependents will not be added to the plan.** This information can be provided via secure upload – <https://www.nebainc.com/unitehereupload/>, mailed to: NEBA, Inc., 2010 N.W. 150th Avenue, Suite 200 | Pembroke Pines, FL 33028, or faxed to Fax: (954) 266-2079 by June 1<sup>st</sup>, 2023.

## **Opportunities for Special Enrollment**

Members who are eligible to enroll in the health plan but choose not to do so, or who choose not to enroll some of their dependents, usually have to wait until an Open Enrollment Period to make changes. You may not have to wait until Open Enrollment to make changes, however, under the following circumstances:

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment 30 days after the marriage, birth, adoption, or placement for adoption. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or the state children's health insurance program. To obtain more information, contact the Fund Office at 1-800-842-5899.