



LOCAL 103

LOCAL 103, I.B.E.W. HEALTH BENEFIT PLAN

**256 FREEPORT STREET, BOSTON, MASSACHUSETTS 02122
TELEPHONE (617) 288-5999
WWW.TRUSTFUNDS103.COM**



**TOLL FREE: (800) 564-5999
FAX: (617) 288-6696**



**RICHARD P. GAMBINO, ADMINISTRATOR
MICHAEL P. DONOVAN, CFO**

Eligibility Requirements

1. 30 days worked with 144 hours in a single calendar month.
2. Maintain 144 hours of contributions every month after becoming eligible.
3. Must have six months of eligibility in the Health Plan to be eligible for layoff carry time.
4. For initial enrollment, or to add dependants in the future, the following will be needed, as applicable, for all that are enrolling:
 - a) Birth Certificates
 - b) Social Security Cards
 - c) Marriage Certificate
 - d) Adoption Certificates
 - e) If Member or Spouse carries any other Insurance (Medical, Dental, Rx, or Vision) you will need to notify the Fund Office immediately.