

HIPAA Notice of Special Enrollment

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 the other coverage (or if the employer stops contributing towards you or your dependents other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, 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 within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, please contact:

Human Resources
Clow Stamping Company
23103 CR 3
Merrifield, MN 56465

HR@clowstamping.com
Phone: (218) 765-3111
HR Fax: (218) 765-3708

CHIPA Notice of Special Enrollment

The Children's Health Insurance Reauthorization (CHIPRA) require that, effective April 1, 2009, group health plans allow you and your dependents to enroll in the employer's plan if either you or a dependent:

- Loses coverage under the State Children's Health Insurance Plan; or
- Loses coverage under the Medicaid Program; or
- Becomes eligible for a premium assistance subsidy.

However, you must enroll in the employer's group health plan within 60 days after your loss of coverage or eligibility for premium assistance.

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General Notice of Pre-Existing Condition Exclusion

This plan imposes a pre-existing condition exclusion. This means that if you have a medical condition before coming to our plan, you may have to wait a certain period before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within a 6-month period. Generally, this 6-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6 month period ends on the day the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy, nor to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "credible coverage".

Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12 month (or 18 month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

All questions about the pre-existing condition exclusion and creditable coverage should be directed to:

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HR Fax: (218) 765-3708