

HEALTH INSURANCE PLAN SUMMARY PLAN DESCRIPTION (SPD)

Information for Plan Documents

CREDIT UNION INFORMATION

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| Name of Credit Union (<i>EXACT LEGAL NAME</i>): | |
| Street Address: | |
| City/State/Zip: | |
| Mailing Address: (<i>if different</i>): | |
| City/State/Zip: | |
| Telephone Number: | |
| Fax Number: | |
| Federal Employer Identification Number (<i>EIN</i>): | |

HEALTH INSURANCE INFORMATION

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|---|------------------------------------|
| Do you offer HEALTH (<i>hospital, surgical, and major medical</i>) insurance? | Yes |
| If YES , Name of Insurance Co: | Blue Cross Blue Shield of Michigan |
| Address: | 600 Lafayette East |
| City/State/Zip: | Detroit, Michigan 48226 |
| Telephone Number: | 800-432-9881 |
| Do you have RETIREEES on the plan? (<i>Please provide information about eligibility, cost-sharing, coverage for spouses, coordination with Medicare, etc.</i>) | |

IF YOU HAVE MORE THAN ONE HEALTH INSURER, LIST THE OTHERS ON LAST PAGE

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| Do you offer DENTAL insurance? | YES | | If YES, is it through your health care provider? | YES | |
| | NO | | | NO | |
| If NO , is it self-funded? (<i>Please call to discuss</i>) | | | | | |
| If not self-funded or through health provider, Name of Insurance Co: | | | | | |
| Address: | | | | | |
| City/State/Zip: | | | | | |
| Do you offer VISION insurance? | YES | | If YES, is it through your health care provider? | YES | |
| | NO | | | NO | |
| If NO , is it self-funded? (<i>Please call to discuss</i>) | | | | | |
| If not self-funded or through health provider, Name of Insurance Co: | | | | | |
| Address: | | | | | |
| City/State/Zip: | | | | | |
| Do you consider the dental & vision (if any) to be part of the same plan as the medical coverage OR a different plan(s)? | | | | | |
| Date plan first established (<i>When you first began providing health insurance coverage</i>)? | | | | | |
| ERISA plan number: (<i>Plans are numbered in the order established. Pension and other retirement plans start with 001. Health and other welfare plans start with 501. So if this is the first welfare plan that you established, the plan number for this plan should be 501. If you established another welfare plan, such as group life or disability, before you established this plan, then the plan number for this plan should be 502, 502, etc., depending on how many plans you established before this plan. If you don't know, but this plan and all other welfare plans, if any, have always been exempt from ERISA reporting requirements, then use 501 as the plan number for this plan.</i>) | | | | | |

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|--|-----------------|
| Phone Number of Contact Person | |
| ADDITIONAL HEALTH INSURANCE COMPANY(S) | |
| Name: | Name: |
| Address: | Address: |
| City/State/Zip: | City/State/Zip: |
| Phone Number: | Phone Number: |
| <p>Please return to: Jim Fournier/Mike Bindus CUcorp/The CUCare® Group P O Box 8054 Plymouth, Michigan 48170-8054 800.262.6285 734.420.2372 (Fax) cucare@mcui.org</p> | |