
**IMPORTANT NOTICE ABOUT CHANGES
TO YOUR HEALTH AND WELFARE PLAN**

**CEDAR RAPIDS ELECTRICAL WORKERS LOCAL #405
HEALTH AND WELFARE FUND**

February 2018

Dear Participant:

This Summary of Material Modifications (referred to hereinafter as the "Notice") summarizes recent amendments to the Cedar Rapids Electrical Workers Local #405 Health and Welfare Fund (the "Plan"), which were adopted by the Plan's Board of Trustees ("Trustees") to reflect a change to the Plan's short term disability claim and appeal procedures, effective April 1, 2018.

You should keep this Notice with your Summary Plan Description ("SPD") for future reference.

Please note that the receipt of this description of benefit modifications is not a guarantee of coverage. You will only be eligible for the benefits described herein if contributions are required to be made to the Plan on your behalf.

CHANGE TO SHORT TERM DISABILITY CLAIM AND APPEAL PROCEDURES
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The following replaces the Short Term Disability Claim and Appeal Procedures on pages 144-145 of your SPD:

Administration of Short Term Disability Claims Procedures. The Administrative Manager, as identified in *Your Plan Identification at a Glance*, processes the Plan's short term disability benefits. The Administrative Manager also facilitates the appeals for short term disability benefits, but the Board of Trustees makes all final decisions on appeals.

The Plan must ensure that all claims and appeals for short term disability benefits are adjudicated in a manner designed to ensure the independence and impartiality of the persons involved in making the decision. Accordingly, decisions regarding hiring, compensation, termination, promotion, or other similar matters with respect to any individual (such as the Administrative Manager or medical or vocational expert) must not be made based upon the likelihood that the individual will support the denial of benefits.

How to File a Claim for Short Term Disability Benefits

Claim forms are available from the Administrative Manager, whose contact information appears in *Your Plan Identification at a Glance*. You must fill out your part of the form completely and have the I.B.E.W. Local 405 Union Office verify your employment status. You should then give the form to your Physician to certify your Total Disability. Completed forms must be filed promptly with the Administrative Manager, preferably no more than 21 days after the period of disability begins. Your continuing disability may have to be re-certified periodically by your Physician.

Initial Claim Determination

A Claim must be resolved, at the initial level, within 45 days of receipt. The Administrative Manager may, however, extend this decision making period for an additional 30 days for reasons beyond the control of the Administrative Manager.

If, after extending the initial time period of 30 days, the Administrative Manager determines that it is still unable, for reasons beyond the control of the Administrative Manager, to make a decision within the extended time period, the Administrative Manager may further extend the decision making time period for a second 30-day period.

Appropriate notice must be provided to the claimant before the end of the initial 45-day decision making period and again before the end of each succeeding 30-day period. This notice shall explain the circumstances that require an extension and the date the Administrative Manager expects to render a decision to the claimant. The notice shall explain the standards on which entitlement to the benefits is allegedly based, the unresolved issues that prevent a decision and the additional information needed to resolve the issues.

The claimant will have 45 days to provide any additional information requested by the Administrative Manager.

Adverse Benefit Determinations

The Administrative Manager shall provide written or electronic notification of any adverse benefit determination. The notice shall state:

- The specific reason or reasons for the adverse determination;
- If presented to the Administrative Manager, an explanation of the basis for disagreeing with or not following:
 - The views of health care professionals treating the claimant and vocational professionals who evaluated the claimant;
 - The views of medical or vocational experts whose advice the Administrative Manager obtained in connection with the Claim, without regard to whether the Administrative Manager relied on the advice in making the benefit determination; and
 - A disability determination regarding the claimant made by the Social Security Administration.
- Reference to the specific Plan provisions on which the determination was based;
- If the adverse benefit determination was based on an internal rule, guideline, protocol, or other similar criterion, a copy of such rule, guideline, protocol, or criterion, or a statement that no such rule, guideline, protocol or criterion exists;
- A description of any additional material or information pertaining to the claim that the claimant must provide to the Administrative Manager and an explanation of the significance of such material or information;
- A description of the Plan's claim review procedures and applicable time limits;

- A statement of the claimant's right to bring a civil action under section 502 of ERISA following an adverse benefit determination on review, and, for a notice of an adverse benefit determination on review, the Plan's limitations period, described below, that applies to the claimant's right to bring such an action and the calendar date on which the limitations period expires;
- A statement that if the determination was based upon a medical necessity or experimental treatment exclusion, a copy of an explanation of the scientific judgment supporting the determination is available upon request and free of charge; and
- A statement that the claimant is entitled to receive reasonable access to and copies of all documents, records and other information relevant to the Claim, upon request and free of charge.

If the notice is being sent to an address in a county in which 10% or more of the population is literate only in the same non-English language, as determined in guidance published by the Secretary of the Department of Labor, the Plan must:

- Provide oral language services (such as a telephone customer assistance hotline) that include answering questions in any applicable non-English language and providing assistance with filing claims and appeals in any applicable non-English language;
- Provide, upon request, a notice in any applicable non-English language; and
- Include in the English version of all notices, a statement prominently displayed in any applicable non-English language clearly indicating how to access the Plan's language services.

Appeals

The claimant has 180 days following receipt of an adverse benefit determination notification in which to appeal the decision. A claimant may submit additional written comments, documents, records and other information relating to the Claim to the Administrative Manager for review by the Trustees. The claimant may request reasonable access to and copies of all documents, records and other information relevant to the Claim, free of charge.

A document, record, or other information shall be considered relevant to a Claim if it:

- Was relied upon in making the benefit determination;
- Was submitted, considered or generated in the course of making the benefit determination, without regard to whether it was relied upon in making the benefit determination;
- Demonstrated compliance with the administrative processes and safeguards, which are designed to ensure and verify that benefit determinations are made in accordance with Plan documents and that Plan provisions are applied consistently with respect to all claimants; or
- Constituted a statement of policy or guidance with respect to the Plan concerning the denied benefit.

The review shall take into account all comments, documents, records and other information submitted by the claimant relating to the Claim, without regard to whether such information was submitted or considered in the initial benefit determination. The review will not afford deference to the initial adverse benefit determination and will be considered by the Board of Trustees.

Before the Plan can issue an adverse benefit determination on review, the Administrative Manager shall provide the claimant, free of charge, with any new or additional evidence considered, relied upon, or generated by or at the direction of the Board of Trustees or its authorized Committee in connection with the Claim.

In addition, before the Plan can issue an adverse benefit determination on review based on a new or additional rationale, the Administrative Manager shall provide the claimant, free of charge, with the rationale.

The Administrative Manager shall provide such evidence or rationale as soon as possible and sufficiently in advance of the date described below on which the Plan must provide the notice of the decision to give the claimant a reasonable opportunity to respond prior to that date.

The Board of Trustees or its authorized Committee shall meet quarterly to render a determination on appeals of short term disability benefits received since the prior meeting, provided any appeal filed within the 30-day period preceding a meeting shall be decided at the next following quarterly meeting. If special circumstances require a delay in the decision, the decision shall be rendered no later than the third quarterly meeting following receipt of the appeal, and the Plan shall notify the claimant of the reasons for the delay prior to any extension. The Plan shall notify the claimant of the decision within five days of the date the decision is made.

Legal Action

No lawsuit or other action against the Plan or its Trustees may be filed until you exhaust the Plan's appeal procedure. Further, in the event a Claim has been reviewed under the Plan's appeal procedure and the Claim has been denied, no lawsuit or other action against the Plan or its Trustees may be filed after one year from the date you or your beneficiary has been given written notice of the Trustees' decision on the appeal. If this time limitation is less than that required by law, the limitation will be extended to agree with the minimum period permitted by law.

Sincerely,

Board of Trustees of the
Cedar Rapids Electrical Workers
Local #405 Health and Welfare Fund

This announcement, which serves as a Summary of Material Modifications, contains only highlights of recent changes to the Cedar Rapids Electrical Workers Local #405 Health and Welfare Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the Plan document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.