

AUTOMATIC SPRINKLER

LOCAL 281, U.A.

WELFARE FUND



TRUSTEES
DENNIS J. FLEMING
JOHN ZUBRICKS
CORNELIUS J. CAHILL
FRED BARALL

11900 S. LARAMIE AVENUE
ALSIP, ILLINOIS 60803
PHONE (708) 597-1832
FAX (708) 371-7562

SUMMARY OF MATERIAL MODIFICATIONS #4

Important Notice Regarding the Proof Required to Establish Eligible Dependent Status

December 2018

Dear Participant:

This notice, referred to as a Summary of Material Modifications (SMM), clarifies the types of documentation required by the Automatic Sprinkler Local 281, U.A. Welfare Fund (Fund) in order for you and your Eligible Dependents to establish and maintain eligibility for health care benefits. Please read this notice carefully and keep it with your Summary Plan Description and Plan Document (SPD). To see exactly how your SPD has been modified, please refer to the enclosed amendment.

Who is an Eligible Dependent?

Under the terms of the Plan, Eligible Dependents include: (1) Your legal Spouse; (2) Children under 26; (3) Provided additional circumstances are met, your unmarried dependent child who is age 26 or over and is incapable of self-support because of an ongoing physical or mental Disability that occurred prior to age 19; (4) Your grandchild, provided you have legal guardianship of the grandchild; and (5) The child of an Active Employee whose health coverage under the Fund is established in accordance with a Qualified Medical Child Support Order.

What is required to establish Eligible Dependent status?

Each Eligible Dependent must be listed on a census form signed by you and filed with the Fund Office before benefits are paid. Each census form must be submitted with adequate proof of Eligible Dependent status as determined by the Fund Office. Such proof may include marriage certificates, birth certificates, court orders, property settlement agreements, paternity determinations, guardianship orders, adoption papers, tax returns or any other document or information related to the determination of an individual's status as an Eligible Dependent. In addition, to fulfill any applicable reporting requirements to the Internal Revenue Service or other governmental agency, the Fund Office may require Participants to provide the Fund Office with their social security number and a copy of their social security card.

What else may be required to administer the Plan?

The Trustees wish to further clarify that you and your Eligible Dependents must furnish any information or proof requested by the Trustees or the Administrative Manager which is expressly required by the Plan or is reasonably required to administer the Plan. Failure to comply with such a request in good faith constitutes sufficient grounds to withhold coverage or payment of benefits until such proof or information is furnished. If you or your Eligible Dependent make a false statement material to securing coverage or making a claim for benefits under the Plan, the Fund may deny such a person any or all benefits to which he or she would have a right under the Plan based on the false

statement. The Trustees also maintain the right to recover any payments made in reliance on such false statement.

CONCLUSION

The Trustees will continue to monitor the Fund's resources to ensure that it is able to provide high-quality health coverage to members and their families for many years to come. As always, if you have any questions about this SMM, or the Fund in general, please feel free to contact the Fund Office. In the event of an ambiguity or conflict between this SMM and the Summary Plan Description and Plan Document, as amended, the Summary Plan Description and Plan Document will control.

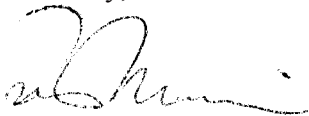
The Importance of Using In-Network Providers

The Fund has contracted with Blue Cross Blue Shield of Illinois (PPO) to help manage certain health care expenses for you and the Fund. PPO Providers, such as hospitals and physicians within the PPO Network, have agreed to charge discounted rates for services. When you choose to use a PPO Provider, both you and the Fund will save money.

The Plan typically covers 85% of the Usual and Customary Charges associated with treatment rendered by a PPO Provider. However, the Plan will cover only 60% of the Usual and Customary Charges associated with treatment rendered by a non-PPO Provider, and the Usual and Customary Charge will typically be no greater than what a PPO Provider would have charged for the same treatment.

Additionally, unlike PPO Providers, providers outside the PPO Network have not agreed to charge discounted rates for their services. Therefore, if you use a non-PPO Provider you may be responsible for significant medical fees pursuant to a practice known as *balance billing*. Under this practice, the non-PPO Provider charges the patient the difference between the amount billed and the amount paid by the Fund. Consequently, the Fund strongly encourages all participants to remain *in-network* when seeking medical care.

Sincerely,



Tim Morin

On Behalf of the Board of Trustees

**FOURTH AMENDMENT TO THE
SUMMARY PLAN DESCRIPTION AND PLAN DOCUMENT OF THE
AUTOMATIC SPRINKLER LOCAL 281, U.A. WELFARE FUND
(As Amended and Restated Effective January 1, 2018)**

WHEREAS, the Summary Plan Description and Plan Document (“Plan”) of the Automatic Sprinkler Local 281, U.A. Welfare Fund (“Fund”) was amended and restated effective January 1, 2018; and

WHEREAS, the Trustees of the Fund, by virtue of Chapter 16, Section 16.01 of the Plan, have the authority to amend the Plan at any time.

NOW, THEREFORE, for clarification purposes, the Trustees of the Fund hereby amend the Plan as follows:

1. Subsection (a) of Section 2.04 (“Eligibility for Dependents”) is amended to add the following final paragraph:

Each Eligible Dependent must be listed on a census form signed by you and filed with the Fund Office before benefits are paid. Each census form must be submitted with adequate proof of Eligible Dependent status as determined by the Fund Office. In ascertaining whether an individual qualifies as an Eligible Dependent, the Fund Office may require marriage certificates, birth certificates, court orders, property settlement agreements, paternity determinations, guardianship orders, adoption papers, tax returns or any other document or information related to the determination of an individual's status as an Eligible Dependent. In addition, to fulfill any applicable reporting requirements to the Internal Revenue Service or other governmental agency, the Fund Office may require Participants to provide the Fund Office with their social security number and a copy of their social security card.

2. Chapter 16 (“Important Miscellaneous Provisions”) is amended to add the following Section 16.12:

16.12 INFORMATION REQUIRED TO ADMINISTER THE PLAN

Each and every Employer, Employee, Active Employee, Retired Employee, and Eligible Dependent must furnish to the Trustees and the Administrative Manager any information or proof requested by the Trustees or the Administrative Manager which is explicitly required by the Plan or is reasonably required to administer the Plan.

Failure on the part of any Employee, Active Employee, Retired Employee, and Eligible Dependent to comply with a request for information or proof promptly and in good faith is sufficient grounds to withhold coverage or payment of benefits until such proof or information is furnished. Whether a response to such a request is sufficient shall be determined by the Trustees or the Administrative Manager, as applicable.

If an Employee, Active Employee, Retired Employee, or Eligible Dependent makes a false statement material to securing coverage under this Plan or making a claim for benefits from this Plan, he or she may be denied any or all benefits to which he or she would have a right under the Plan based on the false statement, and the Trustees have the right to recover any payments made in reliance on such false statement in accordance with Chapter 14.

Adopted: November 15, 2018

Effective: January 1, 2018

