# VERY IMPORTANT NOTICE TO PARTICIPANTS OF THE LOCAL UNION NO. 373 U.A. HEALTH & WELFARE FUND

## **Important Information Regarding Your Health Fund Benefits**

This document is a Summary of Material Modifications ("SMM") intended to notify you of an important change made to the plan of benefits of the Local Union No. 373 U.A. Health & Welfare Fund (the "Plan"). You should take the time to read this SMM carefully and keep it with the copy of the summary plan description ("SPD") that was previously provided to you. If you have any questions regarding these changes to the Plan, please contact the Fund Office at (845) 534-9522.

Date: April 2024

To: All Participants in the Local Union No. 373 U.A. Health & Welfare Fund and their

covered dependents

From: The Board of Trustees

The Board of Trustees of the Local Union No. 373 U.A. Health & Welfare Fund is pleased to announce a change to the distribution schedule of vacation benefits under the Plan. Effective July 1, 2024, "Section II. The Vacation and Paid Sick Leave Program" of the SPD will be revised to read as follows:

## **Section II. The Vacation and Paid Sick Leave Program**

### C. VACATION PROGRAM PAYMENTS

<u>Spring Vacation Payment</u>. Around May 1<sup>st</sup> of each year, the Fund Office will distribute to you, in a single check, the portion of your account attributable to your work in the previous calendar year less any distributions for that previous calendar year.

<u>Fall Vacation Payment</u>. Around December 1<sup>st</sup> of each year, the Fund Office will distribute to you, a single check in the following amount:

- Journeymen will receive up to \$2,000.00 or the balance of their account, whichever is less.
- Apprentices will receive up to \$1,500.00 or the balance of their account, whichever is less.

<u>Interim Withdrawal Option</u>. Effective July 1, 2024, if you have a balance in your vacation account you may receive an Interim Withdrawal from your individual vacation account. The Interim Withdrawal Option is available if you have been unemployed for four (4) consecutive weeks and are receiving state unemployment benefits. To request an Interim Withdrawal, you must complete the "Interim Vacation Benefit Check Withdrawal Form" (the "Form") and submit it to the Fund

Office along with proof of your receipt of state unemployment insurance benefits. If the Form is in proper order and accepted by the Fund Office, the Interim Withdrawal will generally be issued by the Fund Office on or about the 15<sup>th</sup> of the month following the Fund's approval of the Interim Withdrawal. If the Form is received after the 10<sup>th</sup> of the month, the distribution will be made on or about the 15<sup>th</sup> of the next month during which Interim Withdrawals are permitted.

Please note, only one Interim Withdrawal will be permitted prior to the semi-annual vacation check distribution in May and December of each year and no Interim Withdrawals are permitted during the months of April, May, November, and December.

Please contact the Fund Office to receive a copy of the Interim Vacation Benefit Check Withdrawal Form.

As always, if you have any questions regarding these Plan changes, please contact the Fund Office at (845) 534-9522.

Sincerely,

### THE BOARD OF TRUSTEES

Local Union No. 373 U.A. Health & Welfare Fund

This SMM is intended to provide you with an easy-to-understand description of certain changes to the Plan. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. Except to the extent that this SMM modifies the Plan, if any conflict should arise between this summary and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases.

The Board of Trustees (or its duly authorized designee), reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason (with respect to any employee, former employee, spouse, dependent or other individual), in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the "Trust Agreement"). The Trust Agreement and the full Plan documents are at the Fund Office and may be inspected by you free of charge during normal business hours. No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the Plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters, legal and/or factual, arising under the Plan.

The Health & Welfare Fund of Local Union 373 (the "Plan") believes the Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health

services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or <a href="https://www.dol.bov/ebsa/healthreform">www.dol.bov/ebsa/healthreform</a>. This website has a table summarizing which protections that do and do not apply to grandfathered health plans.