

Carpenters and Joiners Welfare Fund

IMPORTANT NOTICE

Summary of Material Modifications

TO: Participants and Beneficiaries of the Carpenters and Joiners Welfare Fund

FROM: The Board of Trustees of the Carpenters and Joiners Welfare Fund

DATE: December 2016

The Board of Trustees has amended the Summary Plan Description and Plan Document (amended and restated January 1, 2012) as indicated below.

1) DOLLAR BANK ELIGIBILITY STRUCTURE – EFFECTIVE JANUARY 1, 2017

The Plan is changing from an hour bank eligibility structure to a dollar bank eligibility structure. This means that your eligibility for Plan coverage will now be based on the amount of monthly Employer Contributions made to the Plan on your behalf. Employer Contributions are based on your hours worked in covered employment. The hourly contribution rate is stated in your collective bargaining agreement.

Your Supplemental Reserve Credits will be converted to a Dollar Bank, which is an account established to determine eligibility for benefits and to determine whether Self-Contributions are required to continue coverage. If the Employer Contributions earned during a month exceed the amount required to maintain coverage, the excess amount will be credited to your Dollar Bank. Your Dollar Bank will be used automatically for months in which Employer Contributions on your behalf are not sufficient to pay for coverage to continue.

If you are eligible for coverage as of January 1, 2017, your eligibility will be determined in accordance with the Continuing Eligibility rules below.

Initial Eligibility. You will become initially eligible on the first day of the calendar month following the calendar month in which the dollar amount of total contributions in your Dollar Bank exceeds the monthly premium amount for Plan coverage established by the Trustees. Once contributions start being made to the Plan, you will have a rolling six (6) month period to establish initial eligibility for coverage under the Plan. If you are unable to establish initial eligibility during the first six (6) months, the contributions made on your behalf in the first month of the initial six (6) month period will be forfeited. The rolling six (6) month initial eligibility period will continue until the dollar amount of total Employer Contributions during a consecutive six (6) month period exceeds the Required Contribution.

Continuing Eligibility. Once you are covered in accordance with the Initial Eligibility rules, you will remain covered for any succeeding month provided: (a) the total dollar

amount of contributions made on your behalf by the 15th of the prior month is equal to or exceeds the monthly premium amount established by the Trustees; or (b) you continue coverage pursuant to the Plan's Self-Payment Procedures.

Self-Payment Procedures. Once you have established eligibility for coverage under the Plan, if the amount of contributions received and the amount in your Dollar Bank are insufficient to pay the established premium for one month's coverage, you may continue your coverage by either:

- Self-Paying the difference between (a) the amount of employer contributions made on your behalf plus any available amount in your Dollar Bank and (b) the required monthly premium established by the Trustees; or
- Electing COBRA Continuation of Coverage under (see Continuing Eligibility Through Self-Contributions ("Continuation Coverage Under Cobra") on page 30).

Once you have made your election between self-payment and COBRA Continuation Coverage, it cannot be changed. Additionally, you will not be allowed to make full or partial self-payments for a period lasting longer than eighteen (18) months.

2) APPRENTICESHIP TRAINING BENEFIT – EFFECTIVE MAY 18, 2016

The Trustees made several changes to the Apprenticeship Training Benefit.

- The updated language clarifies that, in addition to other eligibility requirements, eligibility for the Apprenticeship Training Benefit is subject to your complying with the reasonable rules and/or policies of the Apprenticeship Program.
- The Apprenticeship Training Benefit will be payable for training weeks that you are scheduled for, but unable to attend, due to (a) your excused illness, (b) your employer scheduling you for work you are required to perform, or (c) the Apprenticeship Program rescheduling the training.
- If your Apprenticeship Program training session is five (5) weeks long, you may receive the Apprenticeship Training Benefit up to a maximum of five (5) times a Calendar Year.

Please update your Summary Plan Description and Plan Document booklet (dated January 1, 2012) to reflect these changes by inserting replacement pages 7, 8, 9, 10, 11, 12, 14, 14A, 15, 16, 17, 21, 24, 28, 40 and 147 into your booklet to replace existing pages.

If you have any questions, please contact the Plan Administrator at 952-851-5788 or toll free at 844-468-5916.

ELIGIBILITY

SUMMARY

This section describes how you and your Dependents become eligible for benefits under the Plan, and the various ways you can maintain that eligibility.

Once you become eligible, you will continue to be covered if you satisfy the requirements of the Plan as described more fully in this section.

ELIGIBILITY DEFINITIONS

Bargaining Unit Employees - Individuals who are represented in collective bargaining by the Union and who are employed by an Employer who has agreed to make Contributions to the Plan on their behalf.

Dollar Bank or Dollar Bank Account - An account established for all Bargaining Unit Employees to determine eligibility for benefits and to determine whether Self-Contributions are required to continue coverage. If a Bargaining Unit Employee works more than the required hours to maintain coverage under the Plan, the excess contributions are credited to the Bargaining Unit Employee's Dollar Bank.

Non-Bargaining Unit Employees - Individuals who meet the definition of Employee but do not meet the definition of Bargaining Unit Employee above.

Required Contribution - The amount of Employer Contributions necessary to pay for one month of coverage under the Plan.

BARGAINING UNIT EMPLOYEES

Initial Eligibility

Employers make monthly contributions on your behalf based upon your hours worked in covered employment. These Employer Contributions will be used to establish your eligibility for coverage under the Plan. The hourly contribution amount is set forth in the applicable collective bargaining agreement.

You will become initially eligible on the first day of the calendar month following the calendar month in which the dollar amount of total contributions in your Dollar Bank exceeds the monthly premium amount for Plan coverage established by the Trustees. Once contributions start being made to the Plan, you will have a rolling six (6) month period to establish initial eligibility for coverage under the Plan. If you are unable to establish initial eligibility during the first six (6) months, the contributions made on your behalf in the first month of the initial six (6) month period will be forfeited. The rolling

six (6) month initial eligibility period will continue until the dollar amount of total Employer Contributions during a consecutive six (6) month period exceeds the Required Contribution.

Continuing Eligibility

Once you are covered in accordance with the Initial Eligibility rules, you will remain covered for any succeeding month provided the total dollar amount of contributions made on your behalf by the 15th of the prior month is equal to or exceeds the monthly premium amount established by the Trustees or you continue coverage pursuant to the Self-Payment Procedures stated below.

Dollar Bank

Effective January 1, 2017, your Supplemental Reserve Credits, if any, will be converted to a Dollar Bank.

Beginning January 1, 2017, if the Employer Contributions you earn during a month exceed the amount required to maintain coverage under the Plan, the excess amount will be added to your Dollar Bank. Your Dollar Bank will automatically be used for months in which the Employer Contributions on your behalf are insufficient to pay for coverage to continue.

Self-Payment Procedures

Once you have established eligibility for coverage under the Plan, if the amount of contributions received, as well as the amount in your Dollar Bank, are insufficient to pay the established premium for one month's coverage, you may continue your coverage by either:

1. Self-Paying the difference between (a) the amount of employer contributions made on your behalf plus any available amount in your Dollar Bank and (b) the required monthly premium established by the Trustees; or
2. Electing COBRA Continuation of Coverage under (see Continuing Eligibility Through Self-Contributions ("Continuation Coverage Under Cobra") beginning on page 30).

However, once you have made your election between self-payment and COBRA Continuation Coverage, it cannot be changed.

If you elect to continue coverage by making self-payments, you will be required to make the minimum self-payment per month that is necessary to make up for the shortfall in Employer Contributions and provide continued coverage. You may continue coverage by making self-payments until you once again satisfy the Plan's initial eligibility rules, but you

will not be allowed to make full or partial self-payments for a period lasting longer than eighteen (18) consecutive months.

Maintenance of Eligibility for Employees Receiving Disability Benefits

If you are eligible to or are receiving accident and sickness benefits under this Plan, or if you are eligible to receive benefits under any worker's compensation, occupational disease law, or no-fault automobile insurance policy, you will receive the equivalent of one quarter (1/4) of the Required Contribution for each week that you are entitled to or are drawing such benefits. In no case will the Employer Contributions for a month under this section exceed the amount required to pay for one month of coverage. Any excess Employer Contributions (above the amount required to pay for one month of coverage) will be credited to you at the end of your disability.

These contribution credits will cease when the entitlement to benefits ceases, or if earlier, when you have received twenty-six (26) consecutive weeks of contributions under this provision.

Reinstatement of Eligibility

If you become ineligible for Plan benefits because you fail to make the required self-payment to maintain eligibility, you will have to satisfy the Plan's initial eligibility rules in order to restore your eligibility for Plan benefits without self-payments.

If you lose eligibility through active employment but then maintain coverage through COBRA Continuation Coverage, you will need to satisfy the Plan's initial eligibility rules to restore your eligibility for coverage without self-contributions for COBRA Continuation Coverage.

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**For the following Locals ONLY: 68, 106, 322, 361, 427, 464, 548, 587, 606, 930, 948, 1091, 1176, 1306, 1348, 1382, 1463, 1847 & 1934.
Wisconsin and eastern Iowa are covered under a different plan and are not affected by these changes.

The Carpenters and Joiners Welfare Fund

Eligibility

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Termination of Eligibility, Forfeiture of Dollar Bank, and Forfeiture of Rate Discount for Retiree Coverage On Taking Certain Employment

If you stop working in a job classification for which Contributions must be made to the Plan, you will immediately become ineligible for Plan benefits, your accumulated Dollar Bank will be forfeited, any previously earned rate discount for retiree coverage will be forfeited, and you will have no right to continue to be Covered Under The Plan (other than any right you may have under COBRA), if both of the following are true:

- You work for an employer or as an employer that is not obligated to contribute to the Plan; and
- Your work is of a type for which Employers contribute to the Plan.

If your eligibility is terminated and your Dollar Bank are forfeited under this Section, any period of time you were covered through your Dollar Bank after you last worked in employment for which your Employer contributed to the Plan will count as part of any Continuation Coverage Under COBRA to which you may be entitled.

If your rate discount for retiree coverage is forfeited under this Section, you may have the forfeited rate discount reinstated if you work 500 or more hours of service in employment for which required Contributions are made to the Plan during the twelve (12) months following the month in which you worked in employment that resulted in forfeiture of your rate discount for retiree coverage.

If the Plan requests, you must provide to the Plan access to reasonable information for the purpose of verifying your employment. The information that the Plan may require for this purpose may include, but is not limited to: paycheck stubs; Internal Revenue Forms 1040 (with attachments); and release forms permitting the Plan to obtain information from your employer.

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The Plan is entitled to request that you periodically:

1. Certify to the Plan in writing on a form acceptable to the Plan that you are unemployed; or
2. Provide information satisfactory to the Plan to enable the Plan to conclude that any employment is not of a type that would cause you to lose your eligibility, Dollar Bank, or rate discount for retiree coverage.

If you fail to respond to the Plan's request for information or certification or provide an incomplete or inadequate response, the Plan may do one (1) or more of the following:

1. Terminate your eligibility;
2. Cancel your Dollar Bank;
3. Cancel your previously earned rate discount for retiree coverage; or
4. Withhold payment of benefits until you respond or provide a complete and adequate response.

The Plan will notify you in writing if it terminates your eligibility, cancels your Dollar Bank, or cancels your rate discount for retiree coverage.

Eligibility through Reciprocity

Employer contributions made on your behalf to a carpenter's health plan other than this Plan can be transferred to this Plan if the Trustees have signed a reciprocity agreement with the other plan and you would have been eligible for coverage under this Plan if the contributions had been made to this Plan.

Contact the Plan Administrator to see if any work you are performing outside the jurisdiction of the Union is covered by a reciprocity agreement.

Classroom Contribution Credits for Apprentices

If you are indentured into an apprenticeship program under the Carpenters and Joiners Apprenticeship and Journeymen Training Trust Fund (the "Apprenticeship Program"), you may receive contribution credits for some of the hours you spend in the classroom ("Classroom Contribution Credits"). These Classroom Contribution Credits are limited by the following rules.

1. You may receive up to eighty (80) Classroom Contribution Credits in any calendar quarter. If you attend class for more than eighty (80) hours in a

APPRENTICESHIP TRAINING BENEFIT

If you are indentured into a scheduled apprenticeship training session under the Carpenters and Joiners Apprenticeship and Journeymen Training Trust Fund (the "Apprenticeship Program"), you may receive a benefit for attending the Apprenticeship Program training ("Apprenticeship Training Benefit"). Your eligibility for the Apprenticeship Training Benefit is subject to you complying with the reasonable rules and/or policies of the Apprenticeship Program. In addition, your eligibility for the Apprenticeship Training Benefit is subject to the following rules.

1. You may receive a weekly benefit of an amount approved by the Trustees for attendance of all scheduled hours of an Apprenticeship Program training session, subject to the following.
 - a. The maximum Apprenticeship Training Benefit amount will be reduced by one-fifth for each day that you arrive late or leave early for a scheduled day of Apprentice Program training.
 - b. If you are absent from a day of scheduled Apprenticeship Program training, you will not receive any apprentice training benefit for that scheduled training session, unless the absence is due to (i) your excused illness, (ii) your employer scheduling you for work you must perform, or (iii) the Apprenticeship Program rescheduling the training.
 - c. You may receive the Apprenticeship Training Benefit for each week of your Apprenticeship Program training session, up to a maximum of four (4) times in a Calendar Year, unless your Apprenticeship Program training session is five (5) weeks long. If your Apprenticeship Program training session is five (5) weeks long, you may receive the Apprenticeship Training Benefit for up to a maximum of five (5) times in a Calendar Year.

2. You are eligible to receive an Apprenticeship Training Benefit only if, at the time you attend your scheduled Apprenticeship Program training, you:
 - a. Are working for a Contributing Employer;
 - b. Are not collecting unemployment compensation;
 - c. Have not refused employment with a Contributing Employer or the referral hall;
 - d. Are a member of the Union in good standing; and
 - e. Have timely provided the contact information for your Employer that is required by the Plan or its designated representative.

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COVERAGE FOR ALUMNI EMPLOYEES

If you satisfy the Plan's definition of Alumni Employee, you will be entitled to Plan benefits if you satisfy the Plan's initial and continuing eligibility requirements and your Employer has signed a Participation Agreement with the Trustees agreeing to make Employer Contributions to the Plan on your behalf. Contact the Plan Administrator if you have any questions about Alumni Employee coverage.

COVERAGE FOR YOUR DEPENDENTS AFTER YOUR DEATH

If you, the Employee, die while Covered Under The Plan, the coverage which was in force at the time of your death will be continued for your Dependents until any Dollar Bank dollars that you have are exhausted. After your Dollar Bank is exhausted, coverage for your Dependents may be continued, so long as they make the required Self-Contributions.

Dependent coverage, including your spouse's, will stop on the date on which the earliest of the following occur:

1. Your spouse is remarried.
2. The Dependent ceases to meet this Plan's definition of a Dependent, unless the Dependent is entitled to enroll and does enroll for continued coverage (refer to "Continuation Coverage Under COBRA" section in this document).
3. The last day of the Continuation Coverage Under COBRA period for which correct and on-time Self-Contributions have been made for Continuation Coverage Under COBRA, or the date of occurrence of any event stated in the "Continuation Coverage Under COBRA" section in this document which causes that coverage to terminate.
4. The Trustees' discontinue Dependent coverage for the class of Employees you were in right before your death.
5. The end of the period for which Contributions have been made if required.
6. The Plan is terminated.

If your child is born after your death, that child may be covered as a Dependent during the period that your other Dependents are Covered Under The Plan.

ELIGIBILITY DURING PERIODS OF MILITARY SERVICE

You must inform the Plan Administrator in writing as soon as you know that you are entering military service.

- When an Employee enters into military service, the Employee may elect to discontinue ("freeze") coverage or continue coverage (including coverage for Dependents) under the Plan during military service. An Employee who elects to continue coverage may do so by using his or her Dollar Bank or by electing Military Continuation Coverage as described below.

Freezing Coverage

- Unless you and/or your Dependents choose Military Continuation Coverage as described below, coverage for you (the Employee) and your Dependents will cease on the date you enter military service. Your eligibility status will be "frozen" when you enter military service and will be fully restored when you return to work with a Contributing Employer (or are available for work for a Contributing Employer, but no such work is available). Please refer to the section entitled "Coverage Following Military Service" on page 17 for information about the time limits for returning to work.

Military Continuation Coverage

If you enter military service, you and/or your Dependents have the right to elect to continue coverage under the Plan. To continue coverage you have two options:

- First, you may continue coverage by using your Dollar Bank. If you do not elect any other option, your coverage will be so continued until your Dollar Bank is exhausted.

If you use your Dollar Bank to continue coverage, you may extend your coverage after your Dollar Bank is fully used by electing COBRA Continuation Coverage (see page 30). You may make this election either at the time you are leaving for the military or at the time you exhaust your Dollar Bank.

- Second, you may elect COBRA Continuation Coverage at the time you leave for the military and save your Dollar Bank to use after you return from military service.

Under either option, your coverage will terminate on the earlier of: 1) the first day of the month for which your Dollar Bank has been exhausted and a timely self-payment is not received, 2) for military leaves beginning prior to December 10, 2004, the end of eighteen (18) months of such continued coverage, 3) for military leave beginning on or after December 10, 2004, the end of twenty-four (24) months of such continued coverage, or 4) the day after the last date on which you are required to apply for or return to a position of employment with a Contributing Employer (see the chart titled "Time limits to return to work," on page 18).

If you elect to use COBRA Continuation Coverage, the following rules apply:

- The Employee on military duty or Dependent who elects COBRA Continuation Coverage must timely remit the entire payment required to maintain coverage under the Plan on a self-pay basis as determined by the Trustees.
- Payment of the self-pay Contribution must be remitted to the Plan Administrator by the first day of each month. If a payment is not received within thirty (30) days of that date, coverage will be terminated back to the first of the month.
- All of the other rules pertaining to COBRA Continuation Coverage also apply (see page 30).

Coverage Following Military Service

If you elect to freeze coverage, your eligibility status is frozen when you enter military service provided you have notified the Plan Administrator of that service. Your coverage and that of your Dependents will cease when you enter the military. If you and your Dependents were eligible for coverage when you entered military service, you again will be covered when you return to work for an Employer in work covered by the Plan within the time limits described below.

If you elected to continue coverage through your Dollar Bank and/or COBRA Continuation Coverage and your coverage has run out while you were on military duty, you may, on returning to employment within the time limits described below, either become eligible again as a new Employee by working and having Contributions made (see “*Initial Eligibility*,” page 7) or by making payments to the Plan in the same amount as required for COBRA Continuation Coverage.

The time limits for returning to work are described below. If when you leave active duty, no work is available, and you have attempted to report and are available for work with an Employer: 1) if you froze your coverage, it will be reinstated based on your Dollar Bank; and 2) if you elected to continue coverage and it has run out, you may make self-payments to start your coverage again. The time limits provided below may be extended if you have suffered a service-connected Injury or Sickness. You should contact the Plan Administrator if that has occurred.

Retiree Benefits are available for you and your Dependents as long as you satisfy the eligibility requirements and make the correct Self-Contributions on time.

CONTINUED ELIGIBILITY WHILE RETIRED

Within sixty (60) days of the date you cease to be Covered Under The Plan as an Employee, you may elect to continue coverage for yourself and your Dependents on a self-payment basis but only if:

- You are entitled to receive a disability pension from the Twin City Carpenters and Joiners Pension Plan, or
- You have retired, but only once you no longer have enough Dollar Bank dollars to pay for a month of coverage under the Plan and only if, upon retirement, you:
 - Were at least age fifty-five (55),
 - Had been eligible for Plan benefits (including eligibility through Self-Contributions) for at least thirty-six (36) of the previous sixty (60) months, and
 - Had been credited with at least five (5) years of service (as defined in the Twin City Carpenters and Joiners Pension Plan).

For this purpose, you are considered retired once you are no longer doing work that would subject a monthly retirement benefit under the Twin City Carpenters and Joiners Pension Plan to suspension.

If you elect to participate in the “Senior Plan” and then return to work, your benefits may be subject to suspension. Specifically, if you engage in any Disqualifying Employment, your benefits may be suspended. “Disqualifying Employment” is:

1. Any employment that would cause suspension of a participant in the Twin City Carpenters and Joiners Pension Plan’s retirement benefit: or
2. Any employment of more than forty (40) hours in a month in covered employment; or
3. Any work of more than forty (40) hours in a month for any employer, or on a self-employed basis, anywhere in the United States, in the industry

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If you decline to enroll in the “Senior Plan”, your eligible Dependents may elect COBRA Continuation Coverage.

If you die while Covered Under The Senior Plan, your eligible Dependents may maintain coverage under the Plan’s “Coverage for Surviving Dependents of Retirees” provisions, described below.

If you die before enrolling in the “Senior Plan”, but at the time of your death you had either: 1) already satisfied all of the requirements to be eligible for the “Senior Plan” or 2) but for your death, would have satisfied all of the requirements before your Dollar Bank was exhausted, your surviving Spouse may enroll in the “Senior Plan” at the time you would have been entitled to do so.

Payment of Self-Contributions for Retiree Benefits

To ensure maximum benefits under the “Senior Plan”, you should follow the below rules for the payment of Self-Contributions.

- The amount of the monthly Self-Contribution is determined by the Trustees and in their sole discretion may be changed at any time. You will be entitled to a discount as indicated below. For individuals who enroll in the “Senior Plan” on or after March 1, 2004, the discount is equal to a percentage of the required monthly Self-Contribution amount otherwise due and is based on Years of Service. For this purpose, “Years of Service” include: (1) Years of Service as defined in the Twin City Carpenters and Joiners Pension Plan, (2) years of membership with a local affiliate of the North Central States Regional Council of Carpenters (previously Lakes and Plains Regional Council of Carpenters and Joiners) before you entered this Plan, and (3) years of membership with Local Union 1313 (Mason City, Iowa) of the Heartland Regional Council of Carpenters before you entered this Plan.

<u>Years of Service*</u>	<u>Discount Rate</u>
9 or fewer	0% (no discount)
10	10%
11 or more	10%, plus 2% for each year of service above 10 Years of Service

- * If you first entered the Plan because of a merger with another plan under which you were covered and if you remained covered under the Plan after the merger, the Plan will give credit for your last continuous period of employment prior to the merger, based on rules established by the Trustees, provided there are adequate records to verify your service.

Wisconsin and eastern Iowa are covered under a different plan and are not affected by these changes.

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eligibility. The Retired Employee or spouse with coverage through the Veteran's Administration must re-enroll in the Plan within thirty (30) days of attaining Medicare eligibility. Upon opting back in to the Senior Plan, you or your spouse will not be permitted to re-enroll if you leave the Plan again for any reason.

Coverage through the Health Insurance Exchange

If you are an Eligible Retiree who is not yet eligible for Medicare, you may elect to opt-out of coverage under the Plan to obtain private coverage through the health insurance exchange ("exchange") established under section 1311 of the Affordable Care Act. The exchange, also called the "health insurance marketplace," is an online tool established and maintained by the government that consumers may use to find health insurance and make side-by-side comparisons of health insurance policies through private companies.

To exercise this opt-out provision, you must apply in writing to opt-out using a form you may obtain from the Plan Administrator.

Once you have provided the Plan Administrator with an opt-out application form, the earliest possible effective date of the opt-out will be the 1st of the month following thirty (30) days after the Plan Administrator receives the application form and any other documentation the Administrator may need to process your request.

When your election to opt-out of Plan coverage takes effect your coverage under the Plan will end and you and your Eligible Dependents will:

1. Not be entitled to any benefits or other payments from the Plan, including, but not limited to, health care benefits, dental benefits, accidental death and dismemberment benefits, extended coverage options under federal law, or retiree benefits.
2. Only be able to re-enroll for coverage under the Plan during the annual Affordable Care Act open enrollment period.
3. Upon returning to Plan coverage during annual open enrollment, have no right or claim to any previous Dollar Bank dollars for the purpose of funding your eligibility for coverage under the Plan.

If you opt out of Plan coverage to obtain private coverage through the health insurance exchange, you will not forfeit any previously earned rate discounts based on retirement date and/or Years of Service. If you return to the Plan after opting out of Plan coverage to obtain private coverage through the health insurance exchange, you will have the same rate discount you had prior to when you opted out of Plan coverage.

WEEKLY DISABILITY BENEFIT

SUMMARY

The Plan provides specific benefits ("loss-of-time benefits") if an Employee becomes Totally Disabled at a time when he or she is otherwise covered by this Plan. The requirements to receive those benefits are set forth in this section of the document.

If you (the Employee) have been disabled, contact the Plan Administrator to determine if you are eligible for this valuable benefit. This benefit is available only to active Employees.

ELIGIBILITY FOR BENEFITS

To be eligible for Weekly Disability Benefits, you must meet all of the following requirements:

- You must be Totally Disabled as a result of an Injury or Sickness and must satisfy the Plan's definition of Total Disability;
- You must have been Covered Under The Plan as an Eligible Employee due, at least in part, to Employer Contributions or the application of Dollar Bank dollars, on the date that you first satisfy the Plan's definition of Total Disability;
- You must be under the care of a Physician for the Total Disability, and;
- You are not receiving salary, wages, unemployment compensation, or any retirement benefits.

INDEMNITY LIMITS AND BENEFIT PROVISIONS

- Benefits will be payable in an amount not to exceed the Maximum Weekly Disability Benefit specified on the Summary of Benefits.
- Benefits will be payable for up to but not exceeding the maximum indemnity benefit period of twenty-six (26) weeks during any one (1) period of disability as specified on the Summary of Benefits.
- Benefits are not payable during the waiting period specified on the Summary of Benefits.

3. The Employee established eligibility for coverage in the Plan while an Employee of an Employer subject to a Collective Bargaining Agreement.

ROOM AND BOARD CHARGES - All charges made by a Hospital on its own behalf for room, board, general duty nursing and any other charges by whatever name called which are regularly made by the Hospital as a condition of occupancy of the class of accommodations occupied, but not including charges for professional services of Physicians, private duty nurses or charges for intensive nursing care.

SELF-CONTRIBUTIONS -

- A. Payments made to the Plan on behalf of Employees of Employers signatory to a Collective Bargaining Agreement for the purpose of maintaining eligibility;
- B. Payments made to the Plan by Retirees and surviving spouses of Retirees for the purpose of maintaining eligibility; and
- C. Payments made to the Plan for Continuation Coverage Under COBRA by Employees, Retirees and Dependents for the purpose of maintaining their coverage under the Plan (see "Continuing Eligibility Through Self-Contributions (Continuation Coverage Under COBRA)").

SICKNESS - An illness or disease which occurs while Covered Under The Plan.

TMJ - Conditions including but not limited to temporomandibular joint syndrome, craniomandibular disorders, and other conditions of the joint linking the jaw bone and the skull, along with the complex of muscles, nerves and other tissues related to that joint. For the purposes of the Plan, the term "TMJ" will include all of the above conditions.

TOTAL DISABILITY; TOTALLY DISABLED -

- A. With respect to an Eligible Employee, the complete inability of the Eligible Employee, as a result of an accidental bodily Injury or Sickness, to engage in his or her occupation or employment for wage or profit. The disability must be verified periodically by an attending Physician's statement.
- B. With respect to an Eligible Retiree or an Eligible Dependent, the complete inability, as a result of non occupational accidental bodily Injury or Sickness, of the Retiree or Dependent to engage in the substantial and material activities engaged in prior to the start of the disability.