

The Board of Trustees of the Northeast Carpenters Health Fund has adopted the following changes to the Fund's Summary Plan Description for Participants in the Adirondack, Buffalo, Jamestown/Olean, Niagara, Rochester, South Central, and Upstate areas ("Plan"). This document summarizes these changes so you should keep it with your Summary Plan Description ("SPD").

**1. Effective for self-pay coverage for the month of April 2019 and thereafter, the due date for self-pay medical, dental and prescription drug benefit premiums is the 20<sup>th</sup> day of the month prior to the month for which the coverage is sought. This means that March 20, 2019 is the due date for self-pay premiums for medical, dental and prescription drug coverage for the month of April 2019 and premiums for each month of coverage thereafter are due on the 20<sup>th</sup> of the preceding month. To reflect this change, effective March 2, 2019, your SPD is revised as follows:**

- **The *Overview of Participation Rules* subsection of the *About Your Participation* section on page 11 is deleted and replaced with the following:**

#### Overview of Participation Rules

Action	Deadline
To Enroll in the Fund Coverage	45 days from the date your Health Insurance Application is sent to you.
To Self-Pay Medical Premiums to the Fund Office	20th day of the month prior to the month for which coverage is sought
To Enroll a Dependent who lost other coverage (Except for CHIP or Medicaid)	30 days from the date coverage is lost
To Enroll a Dependent who lost coverage with CHIP or Medicaid	60 days from the date coverage is lost
To Enroll a New Dependent	30 days from the date you acquire your new Dependent.
To Elect USERRA Coverage	60 days from the date you terminated Covered Employment
To Notify the Fund of a COBRA qualifying event	60 days from the date the qualifying event occurs

- **The fifth paragraph under the *Continuing Your Participation* subsection of the *About Your Participation* section on pages 12-13 is deleted and replaced with the following:**

If, at any point in time, your HRA balance is not sufficient to cover your medical or dental premiums, you are required to self-pay the difference between your HRA balance and the amount of your required premiums directly to the Fund Office in order to continue your medical, dental and prescription drug coverage. Your self-pay premiums are due on the 20<sup>th</sup> day of the month prior to the month for which this coverage is sought. If the Fund does not receive your premiums by the 25<sup>th</sup> day of the month prior to the month for which the coverage is sought, your coverage for these benefits will terminate (unless you are eligible for and timely elect to receive COBRA coverage) and your coverage cannot be reinstated until you re-qualify for coverage, as described on page 12. Payment is due on the 20<sup>th</sup> day of the month prior to the month for which coverage is sought regardless of whether you receive a notice from the Fund. If you have any questions about the amount owed, it is your obligation to contact the Fund Office in advance of the date on which self-payment is due. Self-pay is not permitted if you are an owner/operator and your company is delinquent in contributions to this Fund or to the Northeast Carpenters Pension, Annuity, or Apprenticeship Training Funds.

**2. The definition of a “Reciprocal Welfare Fund” was expanded to include agreements between the Fund’s Trustees and trustees of other welfare funds, including but not limited to, funds affiliated with the International Brotherhood of Carpenters and Joiners of America, to transfer contributions made to such other funds to this Fund at a Participant’s request. To reflect this change, effective July 1, 2017, the definition of “Reciprocal Welfare Fund” in the *Definitions* section on page 9 is replaced with the following:**

**Reciprocal Welfare Fund** means a tax-exempt employee welfare benefit fund that is party to an agreement requiring that contributions made to it on behalf of Participants covered by this Plan be transferred to the Northeast Carpenters Health Fund upon request of the Participant.

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