

IBEW LOCAL NO. 9 FRINGE BENEFIT FUNDS

IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund
IBEW Local No. 9 and Line Clearance Contractors 401(k) Retirement Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

July 2015

IMPORTANT NOTICE

TO: ALL PARTICIPANTS IN THE IBEW LOCAL NO. 9 AND
LINE CLEARANCE CONTRACTORS HEALTH & WELFARE FUND

RE: SUMMARY OF MATERIAL MODIFICATIONS – EXTENSION OF BENEFITS FOR
RETIRED MEMBERS and WIDOWS

Dear Participant:

Currently, if a participant retires in the Fund and meets the required plan provisions, he may be eligible to continue coverage under the Plan for twelve (12) months after retirement. Effective January 1, 2015 the twelve (12) month period was extended to twenty-four (24) months.

To qualify for the extension of coverage under the Fund the participant must:

- Retire at age 55 or later,
- Have a minimum of 10 years of service,
- Be an active member in good standing at the time of retirement,
- Have worked for an employer participating in the IBEW Local 9 & Line Clearance Contractors Health and Welfare Benefit Fund for at least 50% of the 10-year period prior to retirement, and
- Retiree coverage must begin immediately following the end of active coverage.

If the participant has already used all or part of his 12 month extension, he may be eligible for an additional 12 months. **In addition**, if the participant pre-deceases his spouse within the first twenty-four (24) months after retirement, his widow may be eligible to receive the balance of the twenty-four (24) month extension, provided they were married one (1) year prior to the start of the free coverage. Widows will then be eligible to remit COBRA continuation of coverage payments. However the COBRA payments will be offset by the number of months of extended coverage the retiree or widow received under the original extension.

Please contact the Fund Office for additional information.

Aviso

Este aviso contiene un resumen en inglés de tu beneficios bajo el Local Union No. 9, I.B.E.W. & Line Clearance Contractors Health and Welfare Fund.

Si usted tuviera dificultad para entender cualquier parte de este aviso, O dificultad para entender cualquier informacion que usted reciba de Local Union No.9, I.B.E.W. & Line Clearance Contractors Health and Welfare Fund, usted puede recibir ayuda en español contactando a la Oficina del Fondo entre las horas de 7:30 a.m. y 5:30 p.m. Eastern Standard Time, de lunes a viernes. La Oficina del Fondo esta ubicada en 6525 Centurion Drive, Lansing, Michigan 48917, y puede contactarse por telefono en el (517) 321 -7502 Y gratis en el (877) 423-9155.

Por favor preste atencion a toda cartas y avisos que reciba del Fondo de Salud y Bienestar sobre su cobertura de atencion medica y responda inmediatamente a cualquier pedido de informacion y/o de pago. Una respuesta y un pago oportunos cuando se requiera, es esencial para continuar cobertura sin interrupcion.

Por favor llame a La Oficina del Fondo si usted tuviera dificultad para entender cualquier informacion que usted reciba de ellos.

If you have any questions regarding this information or any of your benefit provisions, please do not hesitate to contact the Fund Office.

Sincerely,

IBEW Local No. 9 and Line Clearance Contractors
Health & Welfare Fund
Board of Trustees

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This announcement, which serves as a Summary of Material Modification, contains highlights of certain features of the IBEW Local No. 9 and Line Clearance Contractors Health & 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 document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.

Notice of Grandfathered Health Plan Status

The IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund believes its entire plan of benefits, including the retiree option provided therein, 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 that law was enacted. Being a grandfathered health plan means that the 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, once those consumer protections become effective for the plan.

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 plan administrator at (877) 423-9155. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.