

AMENDMENT #10
to the
ARIZONA PIPE TRADES HEALTH AND WELFARE TRUST FUND
Summary Plan Description (SPD)/Plan Rules and Regulations
for Active Employees and Non-Medicare Retirees
Amended, restated and effective June 1, 2018

Effective June 1, 2022 the Summary Plan Description/Plan Rules and Regulations are amended as noted below:

Article II: Eligibility for Benefits, Section 2, subsection a(5), is amended to delete the text in strikethrough and add the text in italics:

(5) Temporary eligibility change, effective for participants dispatched for work between July 1, 2021 through December 31, ~~2022~~ 2023 only: Except for first-year apprentices, new Active Employees will have 340 hours advanced to their hour bank (an “hour bank loan”) in their first month of work. Coverage will then begin the first of the month following the month employment began. Each month, any hours worked will apply first toward the minimum 150 hours required to maintain eligibility. Any excess will be applied to repay the member’s hour bank loan.

A. In order to qualify, an Active Employee must:

- i. be dispatched to work in the jurisdiction of the Plan by Local 469 to a Contributing Employer between June 1, 2021 and December 31, ~~2022~~ 2023,
- ii. not have any Covered Hours under or participated in the Plan in the 24 months prior to dispatch and beginning employment,
- iii. have had employer sponsored medical coverage in the month of or prior to dispatch by Local 469.

Article II: Eligibility for Benefits, Section 2 Eligibility Provisions, subsection (c) Eligibility of Dependents of Active Employees and Retirees, is amended to delete the text in strikethrough and add the text in italics:

(c) Eligibility of Dependents of Active Employees and Retirees.

- (1) **Dependent Eligibility:** Employees and Retirees must enroll their eligible Dependent (Spouse and children) in order for those Dependents to be eligible for benefits under the Plan. There are three opportunities to enroll Dependents for coverage under this Plan: Initial Enrollment (becoming enrolled at the same time the Employee/Retiree is first eligible), New Dependent Enrollment, and Rolling Enrollment. Retirees must enroll their eligible Dependents when they start eligibility as a Retiree.

A. **Initial Eligibility Enrollment:** This is the first opportunity for the Employee/Retiree to enroll his/her eligible Dependents. A newly eligible Participant has ~~60 days~~ 90 days in which to enroll his/her Dependents. If the Dependent is enrolled **within ~~60 days~~ 90 days** of the Employee/Retiree’s initial eligibility, the eligible Dependent’s coverage will become effective on the date the Employee/Retiree’s initial eligibility becomes effective. Failure to enroll during Initial Enrollment means the Dependent will not receive coverage until the first day of the first

month after the Employee/Retiree does enroll the Dependent (see the Rolling Enrollment provision below).

- B. **New Dependent Enrollment:** This is the first opportunity for the Employee/Retiree to enroll a Dependent because of an event such as marriage, birth, adoption, or placement for adoption. If an Employee/Retiree enrolls a new Dependent Child (newborn/adopted/placed for adoption/new stepchild) or a new Spouse **within 60 days 90 days** of the event (the child's birth, adoption, placement for adoption, or the Employee/Retiree's marriage), coverage is effective as of the date of the event. Failure to enroll during New Dependent Enrollment means the Dependent will not receive coverage until the first day of the first month after the Employee/Retiree does enroll the Dependent.
- C. **Rolling Enrollment:** If any Dependents are not enrolled within the first **60 days 90 days** of the Employee/Retiree's initial eligibility or the date the person first became a new Dependent, the Employee/Retiree may enroll them at any time, but coverage is not effective until the first day of the month after enrollment, not retroactively.
- D. This Plan complies with the Federal law regarding **Special Enrollment**. Your eligible Dependents may also enroll in this Plan if the Dependents:
- have coverage through **Medicaid or a State Children's Health Insurance Program (CHIP)** and **lose eligibility for that coverage**. However, you must request enrollment in this Plan within **60 days 90 days** after the Medicaid or CHIP coverage ends; or
 - become **eligible for a premium assistance program through Medicaid or CHIP**. However, you must request enrollment in this Plan within **60 days 90 days** after your Dependents are determined to be eligible for such premium assistance.

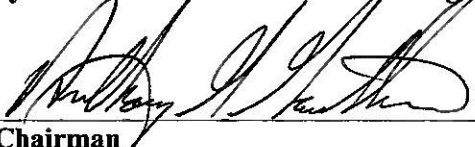
Article II: Eligibility for Benefits, Section 2 Eligibility Provisions, subsection (d) Termination of Eligibility, is amended to add a new section D as follows:

- (2) The **eligibility of a Dependent** of an Active Employee will terminate on the last day of the month in which any of these events occur:
- A. the Active Employee's eligibility terminates.
- B. the Spouse's, entrance into full-time active duty with the Armed Forces of the United States.
- C. the individual no longer qualifies as a Dependent, as defined in Article I.
- D. **the Administrative Office receives a final order issued by a court of competent jurisdiction requiring the Participant to disenroll the Dependent. The completion of a disenrollment form is required for termination of Dependent eligibility under this subsection.**

A Dependent who is disenrolled under this subsection shall be ineligible for enrollment at a later time, except as provided by the Special Enrollment provisions of subsection 2(c)(1)(D) above.

NOTE: Notwithstanding anything in the Rules and Regulations to the contrary, whenever Dependent eligibility ceases for any reason, notification of such event must be made to the Administrative Office within 30 days of the event. **Failure to give this Plan a timely notice (as noted above) may cause your Spouse and/or Dependent Children to lose their right to obtain COBRA Coverage, or may cause the coverage of a Dependent Child to end when it otherwise might continue because of a disability, or may cause claims to not be able to be considered for payment until eligibility issues have been resolved, or may result in a Participant's liability to the Plan if any benefits are paid to an ineligible person.**

This Amendment #10 to the 2018 Arizona Pipe Trades Health & Welfare Trust Summary Plan Description/Plan Rules and Regulations for Active Employees and Non-Medicare Retirees was duly adopted by the Board of Trustees at a meeting held on December 7, 2022.


Chairman


Secretary

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