



B.A.C. Trust Funds

B.A.C. Local No. 3 Pension Plan
B.A.C. Local No. 3 Defined Contribution Pension Plan
B.A.C. Local No. 3 Health & Welfare Trust Fund
B.A.C. Local No. 3 Vacation Plan

SUMMARY OF MATERIAL MODIFICATION

to the

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN

TO: Participants and Dependents in the B.A.C. Local No. 3 Health and Welfare Plan
FROM: Board of Trustees
DATE: July 1, 2024
SUBJECT: Accidental Death and Dismemberment and Dependent Life Insurance Coverage

This Notice describes changes to the B.A.C. Local No. 3 Health and Welfare Plan.

Accidental Death and Dismemberment Coverage and Dependent Life Insurance Coverage

Effective July 1, 2024, the Plan will now offer coverage for accidental death and dismemberment (AD&D) for active employees, along with life insurance for an active employee's dependent child(ren), spouse, or registered domestic partner. This is in addition to the life insurance already offered under the Plan for active employees. Below is a summary of the additional coverage:

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE:

Employee \$10,000

NOTE: Full benefit amount also payable for loss of (i) both hands, (ii) both feet, (iii) entire sight of both eyes, (iv) one hand and one foot, (v) one hand and entire sight of one eye, (vi) one foot and entire sight of one eye and (vii) speech along with hearing in both ears. Lower benefit amounts are also payable for lesser related accidental injuries. A complete description of benefits is contained in the certificate of coverage available from the Plan Administration Office.

LIFE INSURANCE:

Dependent Spouse or Registered Domestic Partner \$2,500

Dependent Child (until age 26) \$1,000

Please note, the complete rules of this benefit are contained in the insurance policy or certificate of coverage, which is available at no charge from the Plan Administration Office. The terms of the policy may change from time to time, and the actual benefits are determined by the policy or certificate of coverage in effect at the time of a covered person's death. This notice is not intended to supersede that policy or certificate of coverage, and any changes to the policy or certificate of coverage supersede this notice.

You may request claim forms for life insurance benefits from the Local Union or the Plan Administration Office. Complete the form and send it, with an original certified death certificate, to the Plan Administration Office. Your claim form should be received by the Plan Administration Office within 90 days from the date of loss, if possible, or otherwise as soon as possible.

This Summary of Material Modification provides you with a summary of changes to the B.A.C. Local No. 3 Health and Welfare Plan. This Notice supplements the Summary Plan Description (SPD). Please read it carefully and retain it with your copy of the SPD for future reference. If you have any questions, call or write the Administrative Office at:

BeneSys, Inc.
7180 Koll Center Parkway, Suite 200
Pleasanton, CA 94566
1-888-208-0250

Language Access Services:

SPANISH (Español): Para obtener asistencia en Español, llame al 1-888-208-0250

CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 1- 888-208-0250