

WASHINGTON D.C. CEMENT MASONS PENSION TRUST FUND
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REQUEST FOR REVIEW NOTICE

If the Plan Administrator denies your claim for benefits, you normally will receive written notice within 90 days (45 days in the case of claims relating to eligibility for disability benefits under the Plan) after your completed claim is received by the Plan Administrator (or such additional period required by any special circumstances, not exceeding an additional 90 days (or up to two 30-day extensions in the case of claims relating to eligibility for disability benefits), in which case you will be notified before the beginning of the extension period that additional time is needed). At that time, you will be provided with:

- the reasons for the denial,
- the Plan provisions on which it was based,
- a description of any additional material or information necessary for you to perfect your claim and the reason it is necessary, and
- an explanation of the Plan's claim review procedure and applicable time limits for requesting a review of the claim denial.

Within 60 days (180 days in the case of claims relating to eligibility for disability benefits) after you receive notice that your claim was denied, or after your claim is deemed to be denied, you or your authorized representative may:

- submit to the Plan Administrator a written request for a review of the denial,
- review the relevant documents, records, or other information upon request and at no charge, and
- submit any written comments, documents, records, and other information regarding your claim to the Plan Administrator.

A final and binding decision will be made within 60 days (45 days in the case of claims relating to eligibility for disability benefits) after the Plan Administrator receives your appeal (or such additional period required by any special circumstances, but not more than an additional 60 days (45 days in the case of claims relating to eligibility for disability benefits), in which case you will be notified prior to the beginning of the extension period that additional time is needed). You will receive a written notification of the decision that includes the specific reasons for the determination, the references to the Plan provisions on which it is based, a statement that you may receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits, and a statement of your rights under ERISA (including your right to file an action under ERISA Section 502(a) following a claim denial on review).