AMENDMENT TWO

to the

SOLANO-NAPA COUNTIES ELECTRICAL WORKERS DEFINED BENEFIT PENSION PLAN

Recitals

WHEREAS, the Board of Trustees of the Solano-Napa Counties Electrical Workers Defined Benefit Pension Plan (the "Plan") desires to amend the Plan's claims and appeals procedures relating to disability benefits, in order to meet the requirements of the Final Regulations released by the U.S. Department of Labor in 29 CFR Part 2560, 81 Federal Register 92316 (December 19, 2016);

WHEREAS, the Board of Trustees believes the amended ERISA disability claims and appeals rules would be in the best interest of its eligible participants and dependents; and

THEREFORE, the Board of Trustees amends the Plan Document as follows:

Amendments

Effective January 1, 2018, the Board of Trustees has amended Article 7, Subsection (a) of Section 7.4 of the Plan Document as follows:

Section 7.4 Denials and Appeals

a. General

(6) **Disability Claims and Appeals**. Effective as of January 1, 2002, if a claim pertains to disability benefits, the rules and rights set forth in this subsection shall apply in addition to those set forth above to the extent applicable. Any person whose application for disability benefit is denied shall be notified of such denial within a reasonable period but not later than forty-five (45) days after receipt of such application or claim. An extension of time not to exceed thirty (30) days may be necessary due to matters beyond the Plan's control in which case a notice will be sent to the Participant prior to the expiration of the 45 day period. If a decision cannot be rendered due to matters beyond the Plan's control prior to the expiration of the 30 day extension, an additional extension of 30 days is permitted in which case a notice shall be furnished to the Participant. The notice of extension will include in addition to the information set forth above in subsection a, the standards on which entitlement to a benefit is based, the unresolved issues that prevented a decision on the claim and any additional information needed to resolve the dispute.

The Participant shall be afforded at least forty-five (45) days to provide the requested information, if any. The deadline for the Trustees to render a decision on the disability appeal is tolled from the date on which the notification of the extension is sent to the Participant until the Participant's response is received by the Plan.

Effective January 1, 2018, in addition to the information set forth above, the **Plan's Notice of Adverse Benefit determination on a disability claim** shall include:

(i) the specific rule, guideline, protocol, or other similar criterion, if any, relied upon in making the determination or alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria does not exist;

(ii) an explanation of the clinical or scientific judgment for the determination if the adverse benefit determination was based on medical necessary or other similar exclusions or a statement that such explanation will be provided free of charge upon request;

(iii) Explanation for: (a) disagreeing with the views of any health care professional who treated you or vocational professionals who evaluated the claim, when you present those views to the Plan (if

applicable); (b) disagreeing with the view of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claimant's denial, without regard to whether the advice was relied upon in making the benefit determination (if applicable); and (c) disagreeing with the view of any disability determination made by the Social Security Administration (if applicable);

(iv) Statement that you have the right to receive, upon request and free of charge, reasonable access to and copies of all relevant documents, records and other information to your claim for benefits;

(v) Statement of your right to present evidence and testimony in support of your claim during the appeal/review process;

(vi) Statement that on appeal, you will have the right to respond to the denial if the Plan receives new or additional evidence and you will also be provided, free of charge, with any new or additional evidence considered, as soon as it becomes available to the Plan and sufficiently in advance of the date on which the appeal determination notice is required to be provided to you under the Plan's rules. (This will usually be before the next regularly scheduled meeting of the Board of Trustees unless special circumstances requires a further extension of time); and

(vii) If applicable, notice will be provided in a culturally and linguistically appropriate manner in the predominant non-english language spoken where you live.

A petition for review of a denial of a disability claim shall be filed within 180 days of receipt of the notification of the Plan's adverse determination. The Participant shall have access to relevant documents, records and other information relied upon by the Plan, In addition, the Participant shall be entitled to any statement of policy or guidance with respect to the Plan concerning the denied treatment, option or benefit for the Claimant's diagnosis without regard to whether such advice or statement was relied upon in making the benefit determination. If the adverse benefit determination is based in part or in whole on a medical judgment, the Trustees shall consult with a health care professional with appropriate training and experience in the field of medicine involved in the medical judgment. Such consultant shall be different from any individual consulted in connection with the initial determination nor the subordinate of any such person. In addition, effective January 1, 2018, any **Notice of adverse benefit determination on the appeal** will include:

(i) Explanation for: (a) disagreeing with the views of any health care professional who treated you or vocational professionals who evaluated the claim, when you present those views to the Plan (if applicable); (b) disagreeing with the view of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claimant's denial, without regard to whether the advice was relied upon in making the benefit determination (if applicable); and (c) disagreeing with the view of any disability determination made by the Social Security Administration (if applicable);

(ii) Any Plan imposed timeline for filing a lawsuit pursuant to your right under ERISA section 502(a) and the expiration date for bringing suit; and

(iii) If applicable, notice will be provided in a culturally and linguistically appropriate manner in the predominant non-english language spoken where you live.

If the Plan has failed to comply with the claims and appeals procedure requirements for disability claims, you will not be prohibited from filing suit or seeking court review of a claim denial based on a failure to exhaust the administrative remedies under the Plan unless the violation was the result of a minor error or considered "de minimis." This would mean: (a) non-prejudicial, (b) attributable to good cause or matters beyond the Plan's control, (c) in the context of an ongoing good-faith exchange of information, (d) and not reflective of a pattern or practice of non-compliance by the Plan.

Approved: March 13, 2017

Employer Trustee

~~Greg Armstrong, Co-Chairman~~

Date: 3/13/17

Union Trustee

Kevin Coleman, Chairman

Date: 3/13/2017