

**AMENDMENT NO. 4**  
**TO THE FIFTH REVISED MONEY PURCHASE PENSION PLAN**  
**FOR THE LOCAL 595 PENSION TRUST**

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WHEREAS, Article XI, Section 11.01, permits the Trustees to amend or modify this Plan; and

WHEREAS, the Trustees, at meeting held on May 10, 2017, and upon written agreement herein, decided to amend the Plan to properly memorialize the Plan's claims and appeals procedures related to disability pension applications.

NOW THEREFORE, effective June 1, 2017, Article Seven of the Fifth Revised Money Purchase Pension Plan shall be amended as follows:

**A. Effective June 1, 2017, Section 7.01(A) of the Plan shall be amended to state as follows:**

7.01 (A) A benefit must be applied for in writing in a form and manner prescribed by the Trustees and filed with the Fund Office in advance of the Benefit Starting Date. Except as provided in Section 7.04 and satisfaction of all eligibility requirements, a benefit will first be payable for the first month after the month in which the application is accepted as complete. Disability benefit applications that do not include a disability benefits award from the Social Security Administration will be sent to a medical records review provider for evaluation and medical determination regarding any disability. All applications for benefits shall be sent to:

Board of Trustees  
IBEW Local 595 Money Purchase Plan  
BeneSys Administrators  
7180 Koll Center Parkway, Suite 200  
Pleasanton, CA 94566

**B. Effective June 1, 2017, Section 7.01(C) shall be added to the Plan and state as follows:**

7.01 (C) The Fund Office will notify the Claimant and/or their authorized representative of the Plan's benefit determination within a reasonable period of time, but no later than 60 days (45 days for disability benefit applications) after the receipt of the claim by the Fund Office. The 60-day period (45 days for disability benefit applications) may be extended an additional 30 days by the Fund Office due to matters beyond the Committee's control. If the period is extended, the Fund Office shall notify the Claimant of the extended period of determination before the initial 60 days (45 days for disability benefit applications) have passed. The notice of extension shall include an explanation of the standards which the determination is based, the unresolved issues that prevent a decision on the claim and any additional information needed to resolve the case. If additional information is needed from the Claimant, the Claimant shall have 60 days (45 days for disability benefit applications) from the

notice to provide said information to the Fund Office. In the case of an adverse benefit determination for disability benefits, the Fund office shall include in the determination a discussion of the following:

- (1) An explanation as to why the Fund agreed or disagreed with the views of the health care professionals and/or vocational professionals presented by the Claimant, health care professionals and/or vocational professionals consulted by the Plan or the disability determination made by the Social Security Administration;
- (2) If the adverse benefit determination is based on a medical necessity or experimental treatment, an explanation of the scientific or clinical judgement for the determination;
- (3) The specific internal rules, guidelines, protocols, standards or other similar criteria, or lack thereof, that the Fund relied on for making the adverse determination;
- (4) A statement that the Claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the Claimant's claim for benefits.

**C. Effective June 1, 2017, Section 7.02 of the Plan shall be amended to state as follows:**

**SECTION 7.02 INFORMATION AND PROOF**

Every Participant or Pensioner will furnish, at the request of the Trustees, any information or proof reasonably required to determine benefit rights. If any person makes a false statement material to an application or furnishes fraudulent information or proof material to a claim, or if any Participant or Pensioner fails to provide the notifications required, the Trustees will have the right to deny, suspend, or discontinue that portion of any benefit paid or payable based upon incorrect information, whether or not the person, in providing that information, acted in a manner that was willful or fraudulent. The Trustees will have the right to recover any benefit payments made (1) in reliance on any false or fraudulent statement, information or proof submitted by a Participant or Pensioner or (2) prior to the receipt of any required notifications, together with expenses and attorneys' fees incurred in effecting recovery. For any disability pension application, the Participant must provide the Fund Office with a copy of any favorable disability award letter from the Social Security Administration. If the Participant does not have an award letter from the Social Security Administration, the Participant must provide any medical records, reports or other documents that support a claim for a disability pension.

**D. Effective June 1, 2017, Section 7.04 of the Plan shall be amended to state as follows:**

**SECTION 7.04 APPEALS PROCEDURES**

(A) Any Participant or Beneficiary whose application for benefits under the Plan has been denied in whole or in part or whose claim to benefits or against the Trust fund is otherwise denied will be notified in writing of the adverse benefit determination. If a Participant and/or his or her beneficiaries apply for benefits and receive notice that the Fund Manager has denied his or her claim, in whole or in part, the Participant and/or his or her beneficiaries may petition to the Board of Trustees to review the action taken by the Fund Manager on his or her benefit application. In the case of disability benefit appeals, the Board of Trustees, in reviewing a decision made by the Fund Manager, will not afford deference to the initial adverse benefit determination. The appeal petition must be in writing and should state clearly the reasons why the Participant's or

Beneficiary's Claim should not be denied and should be accompanied by any pertinent documentary materials not already furnished to the Fund Manager and/or Trust Fund. The Participant and/or his or her beneficiary (ies) ("Claimant") may request a hearing on the appeal petition to receive and hear any evidence or argument that cannot be presented satisfactorily by correspondence, though a hearing will be granted only in unusual circumstances.

- (B) The appeal petition, which is normally submitted in the form of a letter, must be received by the Fund Manager within 60 days (180 days for disability benefit appeals) after the date shown on the notice denying the Participant benefits or informing the Participant of the amount of the pension awarded to you.
- (C) Upon good cause shown, the Trustees may permit the appeal petition to be amended or supplemented and will grant a hearing on the petition to receive and hear any evidence or argument that cannot be presented satisfactorily by correspondence. If the appeal petition is not filed within the required 60-day period (180 days for disability benefit appeals), the right to a review of the denial is waived. Such a waiver may not, however, prevent the Claimant from establishing eligibility for benefits at a later date based on additional information and evidence which was not available to the Claimant at the time of the denial or hearing. The Board of Trustees may relieve an applicant or Claimant of any waiver for good cause if application for relief is made within one year after the date shown on the notice of denial. The appeal petition should be addressed to the Board of Trustees as follows:

Board of Trustees  
IBEW Local 595 Money Purchase Plan  
BeneSys Administrators  
7180 Koll Center Parkway, Suite 200  
Pleasanton, CA 94566

(D) The Plan shall

- (1) provide Claimant and/or his or her authorized representative the opportunity to submit written comments, documents, records, and other information relating to the claim for benefits;
- (2) provide that Claimant and/or his or her authorized representative shall be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to his or her claim for benefits;
- (3) provide for a review that takes into account all comments, documents, records, and other information submitted by Claimant and/or his or her authorized representative relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination;
- (4) provide that, in deciding the appeal of an adverse disability determination that was based in whole or in part of medical judgement, the Board of Trustees shall consult with a physician who has the appropriate training and experience in the field of medicine who will conduct an independent medical exam (or IME) of the Participant;

(5) provide the Claimant, free of charge, with any new or additional evidence considered, relied upon, or generated by the Board of Trustees or other person making or participating in the benefit determination in connection with the claim.

(E) Prior to a determination on the appeal petition, the Claimant and/or his or her authorized representative may have an opportunity to review necessary and pertinent documents upon which the denial in whole or in part is based and may submit written issues and comments pertinent to the appeal. For appeals to adverse disability benefit determinations, before the Board of Trustees issues an adverse benefit determination upon review based on new or additional rationale, the Board of Trustees shall provide the Claimant with the rationale and give the Claimant a reasonable opportunity to respond to the rationale prior to the notice of the adverse benefit determination.

(F) The Board of Trustees shall consider the Claimant's appeal of an adverse determination upon his or her benefit claim no later than its regular quarterly meeting, which immediately follows the receipt of the appeal petition, unless such notice was filed within thirty (30) days preceding the date of such meeting. If the appeal petition was received within thirty (30) days prior to the next regular quarterly meeting, the Board of Trustees may consider the appeal at the second regular quarterly meeting following the receipt of the appeal petition.

(G) If special circumstances exist regarding a benefit claim, the Board of Trustees may take an extension of time, to the next regularly scheduled meeting, to review the claim, provided that the Claimant and/or his or her authorized representative are given a notice describing the special circumstances prior to the expiration of the original review period. However, in no case shall a determination on an appeal be made any later than the third regular meeting of the Board of Trustees following the Plan's receipt of the appeal petition.

(H) After consideration of the appeal petition as set forth above, the Board of Trustees shall advise the Claimant and/or his or her authorized representative of its decision in writing within five (5) days following the meeting at which the appeal was considered. The decision of the Board of Trustees shall set forth specific reasons for their conclusions and shall be written in a manner designed to be understood by you and shall, to the extent applicable, make references to the pertinent Plan provision(s) upon which the decision is based. The Board of Trustees shall have the discretionary authority to determine the eligibility for benefits of all Participants and/or to construe the terms of the Plan. A decision of the Board of Trustees with respect to the appeal petition for review shall be final and binding upon all parties, including the Claimant and any person claiming under the applicant or petitioner. The provisions of this section shall apply to and include any and every claim to benefits from the Plan, and any claim or right asserted under the Plan or against the Plan regardless of the basis asserted for the claim and regardless of when the act or omission upon which the claim is based occurred.

(I) The Board of Trustees may grant a hearing to receive any evidence or argument that cannot be satisfactorily presented by correspondence. In such event, the Board of Trustees shall notify the Claimant and/or his or her authorized representative of the date, time, and place set for a full hearing on such appeal by regular mail addressed to the Claimant and/or his or her authorized representative as provided in the appeal petition. In no case shall the date for the hearing be set for a time later than the third regular meeting of the Board of Trustees following the receipt of the original appeal petition.

A full written report shall be kept of the proceedings of the hearing.

- (1) In conducting the hearing, the Board of Trustees shall not be bound by the usual common law or statutory rules of evidence.
- (2) The Claimant and/or his or her authorized representative shall have the right to review the written record of the hearing, make a copy of it and file objections to it.
- (3) There shall be copies made of all documents and records introduced at the hearing, attached to the record of the hearing, and made a part of it.
- (4) All information upon which the Board of Trustees based its original decision shall be disclosed to the Claimant and/or his or her authorized representative at the hearing.
- (5) In the event that additional evidence is introduced by the Board of Trustees which was not made available to the Claimant and/or his or her authorized representative prior to the hearing, the Claimant shall be granted a continuance of as much time as he or she desires, not to exceed thirty (30) days.
- (6) The Claimant and/or his or her authorized representative shall be afforded the opportunity of presenting any evidence on Claimant's behalf. If the Claimant and/or his or her authorized representative offers new evidence, the hearing may be adjourned for a period of not more than thirty (30) days so the Board of Trustees may, if they wish, investigate the accuracy of such new evidence or determine whether additional evidence should be introduced.

(J) After consideration of the appeal petition and upon completion of any hearing, the Board of Trustees shall advise the Claimant or his or her authorized representative of its decision in writing within five (5) days following the hearing at which the appeal was considered. The decision of the Board of Trustees shall set forth specific reasons for their conclusion, shall be written in a manner designed to be understood by the Claimant and shall, to the extent applicable, make reference to the pertinent Plan provisions upon which the decision is based. The Board of Trustees shall have the discretionary authority to determine the eligibility for benefits of all Participants and/or to construe the terms of the Plan. A decision of the Board of Trustees with respect to the appeal petition for review shall be final and binding upon all parties, including the Claimant and any person claiming under the applicant or petitioner. The provisions of this section shall apply to and include any and every claim to benefits from the Plan, and any claim or right asserted under the Plan or against the Plan regardless of the basis asserted for the claim and regardless of when the act or omission upon which the claim is based occurred.

(K) In the case of an adverse disability benefit determination, the Board of Trustees shall inform the Claimant, in a culturally and linguistically appropriate manner, the following:

- (1) An explanation as to why the Board of Trustees agreed or disagreed with the views of the health care professionals and/or vocational professionals presented by the Claimant, health care professionals and/or vocational professionals consulted by the Board of Trustees, or the disability determination made by the Social Security Administration;

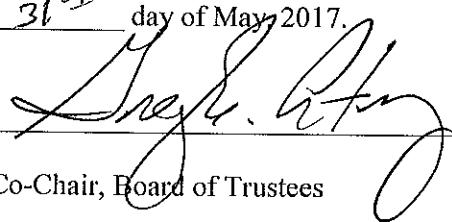
- (2) If the adverse benefit determination is based on a medical necessity or experimental treatment, an explanation of the scientific or clinical judgement for the determination, including but not limited to the Independent Medical Examiner's findings;
- (3) The specific internal rules, guidelines, protocols, standards or other similar criteria, or lack thereof, that the Board of Trustees relied on for making the adverse determination.

(L) The Trustees may delegate to a subcommittee authority to review any appeal petition, grant or conduct a hearing on a petition (in the manner set forth above), accept an extension, or perform any other act that could be performed by the Board of Trustees under this section. Any action by an appointed subcommittee of the Board of Trustees will be considered to be an action by the Board of Trustees.

(M) Compliance with the provisions of this Plan and any rules and regulations adopted by the Trustees will be a condition precedent to any legal action against the Trust or the Board of Trustees. The right of any person to receive a benefit under the Plan will be determined in accordance with the relevant provisions of the Plan and without regard to any failure of the Fund Manager or the Board of Trustees to satisfy any of the provisions of this Section 7.04.

(N) In the event of any dispute concerning the interpretation, election or enforcement of any of the provisions of this Plan that has not been resolved pursuant to the appeals procedure above described, the dispute may be submitted to voluntary arbitration solely upon mutual agreement between the Trustees and any Claimant. The Issue or issues to be so arbitrated and the terms and conditions applicable to such arbitration must be mutually agreed upon between the parties to the arbitration.

31<sup>st</sup> IN WITNESS WHEREOF, this Amendment has been executed by the Trustees on this  
day of May 2017.

  
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Co-Chair, Board of Trustees

  
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Co-Chair, Board of Trustees