

**Amendment Number 2 to the
Local Union No. 9, IBEW and Outside Contractors
Active Employees Health and Welfare Plan
Plan Document and Summary Plan Description
(2021 Edition)**

In accordance with the Plan's amendment and termination provision, as stated on page 76 of the 2021 Edition of the Local Union No. 9, IBEW and Outside Contractors Active Employees Health and Welfare Plan, Plan Document and Summary Plan Description (the "Plan Document and SPD"), the Fund has adopted the following change to the Plan, effective January 1, 2020.

- (1) The "Hour Bank Coverage" item in the "Schedule of Benefits for Active Employees and their Spouses and Dependents as of June 1, 2021" of the Plan and SPD is amended to read as follows:

Hour Bank Coverage	Coverage
Coverage for Spouses and Dependent Children in the Event of an Active Fund Member Death or an Active Fund Member turning age 65 and losing eligibility	Spouses and dependent children may continue coverage by using the Active Member's remaining Hour Bank hours instead of immediately paying monthly COBRA premiums.

- (2) The subsection that begins "Hour Bank" on page 5 of the Plan and SPD in the Section titled "Continuation Coverage" the fourth and fifth paragraphs are amended to read as follows:

HOURLY BANK

If you die, or if you lose eligibility upon turning age 65, and you still have hours remaining in your Hour Bank, your Spouse and Dependent children may elect to continue coverage under this Plan until your Hour Bank has been exhausted. Your Spouse's and Dependent children's election for continuation coverage by using your remaining Hour Bank runs concurrently with their right to COBRA Continuation coverage due to your death or your loss of eligibility upon reaching age 65.

Your Spouse and Dependent children will not be eligible for COBRA Continuation Coverage if they elect to continue coverage by using your remaining Hour Bank if your remaining Hour Bank is sufficient to continue coverage for the number of months that would have been available under COBRA Continuation Coverage due to your death or your loss of eligibility upon reaching age 65. If your remaining Hour Bank is sufficient for less than the number of months of continuation coverage provided under COBRA due to your death or your loss of eligibility upon reaching age 65, your Spouse and Dependent children will only be eligible for COBRA Continuation Coverage for the remainder of the months (after Hour Bank months have been exhausted) that would have been available under COBRA due to your death or your loss of eligibility upon reaching age 65.

- (3) The item that begins “Qualifying Events” on Page 8 of the Plan and SPD under the subsection titled “COBRA Continuation Coverage” is amended to read as follows:

Qualifying Events

If you are a covered Spouse, you will be entitled to elect COBRA Continuation Coverage if one of the following qualifying events results in a loss of Plan coverage for you:

- Your spouse-Employee dies or your spouse-Employee loses eligibility upon reaching age 65 and you do not elect to continue coverage by using your spouse-Employee’s remaining Hour Bank;

For a covered Dependent child, the Dependent child will be entitled to elect COBRA Continuation Coverage if one of the following qualifying events results in a loss of Plan coverage for the child:

- The parent-Employee dies or the parent-Employee loses eligibility upon reaching age 65 and the Dependent child does not elect to continue coverage by using his or her parent-Employee’s remaining Hour Bank;

- (4) The item that begins “Coverage Continues for 36 Months” on Page 11 of the Plan and SPD under the subsection titled “COBRA Continuation Coverage” in the Section titled “Continuation Coverage” is amended to read as follows:

Coverage Continues for 36 Months. Your Spouse and/or Dependent children may elect COBRA Continuation Coverage for up to 36 months if coverage ends because of:

- Your death;
- Your Spouse’s entitlement to health care coverage under Medicare;
- Your legal separation or divorce from your Spouse; or
- Your Dependent child no longer qualifying for Dependent coverage under the Plan.

Following your death or your loss of eligibility upon reaching age 65, your Spouse and Dependent children may elect to continue coverage by using your remaining Hour Bank. The continuation coverage will run concurrently with the COBRA Continuation Coverage under this section. If the continuation coverage from your remaining Hour Bank is less than the number of months of continuation coverage available under this section, your Spouse and Dependent children will only be eligible for the COBRA Continuation Coverage that would have been available under this section due to your death or your loss of eligibility upon reaching age 65.

This Amendment Number 2 to the Local Union No. 9, IBEW and Outside Contractors Active Employees Health and Welfare Plan, Plan Document and Summary Plan Description (2021 Edition) was adopted by the Board of Trustees on December 3, 2021.

Employer Trustees

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