

**Sixth Amendment to the  
Plan of the Local Union 513 Pension Fund  
Rules and Regulations**

(Restated Effective January 1, 2015)

Pursuant to the provisions of Section 9 of the Plan of the Local Union 513 Pension Fund Rules and Regulations ("Plan"), the Trustees of the Plan hereby amend the Plan, as amended by the First through Fifth Amendments, as follows, effective April 1, 2018.

Section 7.4 of the Plan is hereby deleted in its entirety and replaced with the following new Section 7.4:

**Section 7.4. Benefit Determination and Appeal Procedures.**

No Participant, Pensioner or Beneficiary shall have any right or claim to benefits under the Plan or from the Board of Trustees, except as specified in the Plan. Any dispute as to eligibility, type, amount or duration of benefits under the Plan, or any amendment or modification thereof shall be resolved under the following Benefit Determination and Appeal Procedures. All benefit claim determinations will be made in accordance with governing Plan documents and, where appropriate, the Plan provisions will be applied consistently with respect to similarly situated claimants. No action may be brought for benefits provided under the Plan or any amendment or modification thereof, or to enforce any right thereunder, until after the claim has been submitted to and determined under the following Benefit Determination and Appeal Procedures, unless otherwise permitted by law.

All claims and appeals for disability benefits under the Plan will be adjudicated in a manner designed to ensure the independence and impartiality of the persons involved in making the decision. Accordingly, decisions regarding hiring, compensation, termination, promotion or other similar matters with respect to any individuals (such as a claims adjudicator or medical or vocational expert) will not be made based upon the likelihood that the individual will support the denial of benefits.

Any claimant pursuing a claim for benefits or an appeal of an adverse benefit determination under these Benefit Determination and Appeal Procedures, shall be entitled to be represented by a duly authorized representative without expense to the Fund. Claimants must submit their authorized representative designation in writing to the Fund Office.

When the Fund is required to provide notifications in a culturally and linguistically appropriate manner under these Benefit Determination and Appeal Procedures, the Fund will: (1) provide oral language services (such as a telephone customer assistance hotline) that includes answering questions in any applicable non-English language and providing assistance with filing claims and appeals (including

external review) in any applicable non-English Language; (2) provide, upon request, a notice in any applicable non-English language; and (3) include, in the English versions of all notices, a statement prominently displayed in any applicable non-English language clearly indicating how to access the language services provided by the Fund. With respect to an address in any United States county to which a notice is sent, a non-English language is an "applicable non-English language" if ten percent or more of the population residing in the county is literate only in the same non-English language, as determined in guidance published by the Secretary of the Department of Labor.

a. Timing and Notification of Benefit Determination

If a claimant's application for benefits, other than disability benefits, under this Plan has been denied, in whole or in part, the claimant will be notified of the denial within a reasonable period of time, but not later than 90 days after receipt of the claim by the Fund Office, unless it is determined by the Board of Trustees' designee that special circumstances require an extension of time for processing the claim. If the Board of Trustees' designee determines that an extension of time for processing is required, written notice of the extension shall be furnished to the claimant prior to the termination of the initial 90-day period. In no event shall such extension exceed a period of 90 days from the end of such initial period. The extension notice shall indicate the special circumstances requiring an extension of time and the date by which the Board of Trustees' designee expects to render the benefit determination.

If a claimant's application for disability benefits under this Plan has been denied, in whole or in part, the claimant will be notified of the denial within a reasonable period of time, but not later than 45 days after receipt of the claim by the Fund Office. This period may be extended by the Board of Trustees' designee for up to 30 days, provided that the Board of Trustees' designee both determines that such an extension is necessary due to matters beyond the control of the Fund and notifies the claimant, prior to the expiration of the initial 45-day period, of the circumstances requiring the extension of time and the date by which the Board of Trustees' designee expects to render a decision. If, prior to the end of the first 30-day extension period, the Board of Trustees' designee determines that, due to matters beyond the control of the Fund, a decision cannot be rendered within that extension period, the period for making the determination may be extended for up to an additional 30 days, provided that the Board of Trustees' designee notifies the claimant, prior to the expiration of the first 30-day extension period, of the circumstances requiring the extension and the date as of which the Board of Trustees' designee expects to render a decision. Any notice of extension under this paragraph shall specifically explain the standards on which entitlement to a disability benefit is based, the unresolved issues that prevent a decision on the claim for disability benefits and the additional information needed to resolve those issues, and the claimant shall be afforded at least 45 days within which to provide the specified information.

The period of time within which a claimant's entitlement to benefits under the Plan shall be determined, shall begin at the time the claimant's application is filed with the Fund Office, without regard to whether all the information necessary to make a benefit determination accompanies the application. In the event that a period of time is extended for making the benefit determination as provided for in the paragraphs above due to the claimant's failure to submit information necessary to decide the claimant's entitlement to a benefit, the period for making the benefit determination shall be tolled from the date on which the notification of the extension is sent to the claimant until the date on which the claimant responds to the request for additional information.

The Board of Trustees' designee shall provide a claimant with written or electronic notification of any adverse benefit determination. Any electronic notification shall comply with the standards imposed by 29 C.F.R. 2520.104b-1(c)(1)(i), (iii) and (iv). The notification shall set forth, in a manner calculated to be understood by the claimant the following:

1. The specific reason(s) for the adverse benefit determination;
2. Reference to the specific Plan provisions on which the determination is based;
3. A description of any additional material or information necessary for the claimant to perfect the claim and an explanation of why such material or information is necessary;
4. A description of the Fund's appeal procedures and the time limits applicable to such procedures, including a statement of the claimant's right to bring a civil action under Section 502(a) of the Act following an adverse benefit determination on appeal;
5. In the case of an adverse benefit determination with respect to disability benefits:
  - a. A discussion of the decision, including an explanation of the basis for disagreeing with or not following (i) the views presented by the claimant to the Fund of health care professionals treating the claimant and vocational professionals who evaluated the claimant; (ii) the views of medical or vocational experts whose advice was obtained on behalf of the Fund in connection with a claimant's adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination; and (iii) a disability determination regarding the claimant presented by the claimant to the Fund made by the Social Security Administration;
  - b. Either the specific internal rules, guidelines, protocols, standards or other similar criteria of the Fund relied upon in making the adverse determination or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Fund do not exist; and
  - c. 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. A document, record, or other information shall be considered "relevant" to the claimant's claim if such document, record or other information: (i) was relied upon in making the benefit determination; (ii) was submitted, considered, or generated in the course of making the benefit determination, without regard to whether such document, record, or other information as relied upon in making the benefit determination; (iii) demonstrates compliance with the administrative process and safeguards required by 29 C.F.R. 2560.503-1 in making the benefit determination; or (iv) constitutes a statement of policy or guidance with respect to the Fund 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.

In the case of an adverse benefit determination with respect to disability benefits, the notification shall be provided in a culturally and linguistically appropriate manner.

b. Appeal Procedures

Any claimant whose claim for benefits has been denied in whole or in part may appeal the adverse benefit determination by filing a written request for a full and fair review by the Board of Trustees with the Fund Office not more than 180 days after receipt by the claimant of written notification of the adverse benefit determination. Claimants shall have the right to submit written comments, documents, records and other information relating to the claim for benefits.

Claimants shall have the right to receive, upon written request to the Fund Office reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits. These documents, records and other information shall be provided by the Fund free of charge. A document, record, or other information shall be considered "relevant" to the claimant's claim if such document, record or other information: (i) was relied upon in making the benefit determination; (ii) was submitted, considered, or generated in the course of making the benefit determination, without regard to whether such document, record, or other information was relied upon in making the benefit determination; (iii) demonstrates compliance with the administrative process and safeguards required by 29 C.F.R. 2560.503-1 in making the benefit determination; or (iv) constitutes a statement of policy or guidance with respect to the Fund 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.

No claimant shall be entitled, as a matter of right, to appear personally before the Board of Trustees and no hearing shall be required to be held in connection with any

appeal.

The appeal will be decided by the Board of Trustees and the Board of Trustees shall take into account all comments, documents, records and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination.

With respect to an appeal of an adverse benefit determination for disability benefits, the Board of Trustees shall, prior to issuing an adverse benefit determination on appeal: (i) ensure that the claimant is provided, free of charge, with any new or additional evidence considered, relied upon, or generated by the Fund or Board of Trustees (or at the direction of the Fund or Board of Trustees) in connection with the claim; and (ii) ensure that the claimant is provided, free of charge, with any new or additional rationale upon which the adverse benefit determination on review will be based. The new or additional evidence and/or rationale must be provided as soon as possible and sufficiently in advance of the date on which notice of adverse benefit determination on appeal is required to be provided to the claimant, so that the claimant has a reasonable opportunity to respond prior to that date.

The decision on appeal shall be made by the Board of Trustees no later than the date of the meeting of the Board of Trustees that immediately follows the Fund Office's receipt of the appeal, unless the request for appeal is filed within 30 days preceding the date of such meeting. In such case, a benefit determination will be made by no later than the date of the second Board of Trustees' meeting following the Fund Office's receipt of the request for appeal. If special circumstances require a further extension of time for processing, a benefit determination shall be rendered no later than the third Board of Trustees' meeting following the Fund Office's receipt of the request for appeal. If such an extension of time is required because of special circumstances, the Fund Office shall provide the claimant with written notice of the extension, describing the special circumstances and the date as of which the benefit determination will be made, prior to the commencement of the extension.

The period of time within which a benefit determination on appeal is required to be made shall begin at the time an appeal is filed in writing with the Fund Office, without regard to whether all the information necessary to make a benefit determination on review accompanies the filing. In the event the time to make a determination on appeal is extended as permitted above due to a claimant's failure to submit information necessary to decide the claim, the period for making the benefit determination on appeal shall be tolled from the date on which the notification of extension is sent to the claimant until the date on which the claimant responds to the request for additional information.

The Fund Office shall provide the claimant with written or electronic notification of the Board of Trustees' benefit determination as soon as possible, but not later than five days after the benefit determination is made on appeal. Any electronic notification shall comply with the standards imposed by 29 CFR 2520.104b-1(c)(1)(i), (iii), and (iv). In

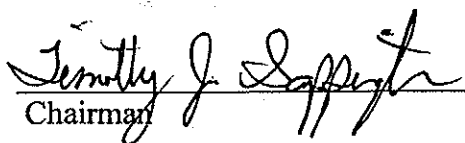
the case of an adverse benefit determination on appeal, the notification shall set forth, in a manner calculated to be understood by the claimant the following:

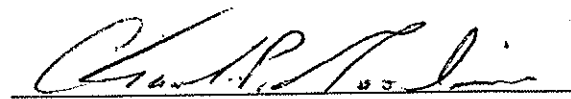
1. The specific reason(s) for the adverse benefit determination on appeal;
2. Reference to the specific Plan provisions on which the benefit determination is based;
3. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits. A document, record, or other information shall be considered "relevant" to the claimant's claim if such document, record or other information: (i) was relied upon in making the benefit determination; (ii) was submitted, considered, or generated in the course of making the benefit determination, without regard to whether such document, record, or other information as relied upon in making the benefit determination; (iii) demonstrates compliance with the administrative process and safeguards required by 29 C.F.R. 2560.503-1 in making the benefit determination; or (iv) constitutes a statement of policy or guidance with respect to the Fund 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.
4. A statement of the claimant's right to bring an action under section 502(a) of the Act and any applicable contractual limitations period that applies to the claimant's right to bring such an action, including the calendar date on which the contractual limitations period expires for the claim;
5. In the case of an adverse benefit determination on appeal with respect to disability benefits:
  - a. A discussion of the decision, including an explanation of the basis for disagreeing with or not following: (i) the views presented by the claimant to the Fund of health care professionals treating the claimant and vocational professionals who evaluated the claimant; (ii) the views of medical or vocational experts whose advice was obtained on behalf of the Fund in connection with a claimant's adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination; and (iii) a disability determination regarding the claimant presented by the claimant to the Fund made by the Social Security Administration;
  - b. Either the specific internal rules, guidelines, protocols, standards or other similar criteria of the Fund relied upon in making the adverse benefit determination on appeal or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Fund do not exist;

In the case of an adverse benefit determination on appeal with respect to a claim for disability benefits, the notification shall be provided in a culturally and linguistically appropriate manner.

While claimants have the right to bring timely legal action for benefits under ERISA, no action at law or in equity may be brought by any Participant, Pensioner, Beneficiary or other third party after the expiration of three (3) years from the date the Board of Trustees provides written notice of a decision on an appeal of an adverse benefit determination, or, in the case where a decision on an initial benefit determination or on appeal is not furnished within the time limits set forth herein, the date on which such decision was due. Failure to bring an action within this three (3) year period shall forever bar such action. Any action at law or in equity, brought by a Participant, Pensioner, Beneficiary or other third party, must be brought in the United States District Court for the Eastern District of Missouri.

Executed by authority of the Board of Trustees on this 28<sup>th</sup> day of February, 2018:

  
Chairman

  
Secretary