THE IRON WORKERS ST. LOUIS DISTRICT COUNCIL ANNUITY PLAN
RULES AND REGULATIONS AMENDED AND RESTATED NOVEMBER 1, 2014

AMENDMENT NO. 3

The Board of Trustees hereby amends the Iron Workers St. Louis District Council Annuity Plan (the "Plan") adopted as of November 1, 2014 pursuant to the authority granted in Trust Article V and Plan Section 9.10, by amending the Plan effective January 1, 2018 as follows:

1. Section 7.4 Claims and Appeals Procedures for Disability Retirement is restated as follows:

Section 7.4 Claims and Appeals Procedures for Disability Retirement.

a. Applications for Disability Retirement

1. Initial Decision

Any claim for Disability Retirement must be in writing on a form provided by the Trustees. Unless an extension applies, the Trustees or their designee(s) must advise the claimant of its initial decision within 45 days of actual receipt of the written claim.

2. Extension of Time

The Trustees or their designee(s) may extend the date for rendering an initial decision by two separate periods of 30 days each, provided any extension is due to circumstances beyond the control of the Plan. Such circumstances will include a delay in obtaining medical information from a physician or other provider.

The Plan will notify the claimant in writing before the end of the 45 days if the first extension is utilized and prior to 75 days if the second extension is utilized.

3. Request to Participant for Additional Information

Any request to the claimant for additional information must be made within the initial 45-day period. The claimant then has 45 days to obtain the additional information. If the claimant does not provide the requested information, then the claim will be denied within 30 days of the claimant's deadline.

4. The Trustees may delegate their responsibility to make the initial claim determination to committees or individuals including a claims review committee.

b. Notice of Adverse Determination

1. The notice of adverse determination will include the following:

A. Specific reason or reasons for the adverse determination.

B. Reference to the specific Plan provision on which the determination is based.

C. 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.

D. Description of the Plan's review procedures and applicable time limits.

E. Statement of the claimant's right to bring a civil action under ERISA Section 502(a).

2. Effective for disability claims filed on or after January 1, 2018, the notice of adverse determination shall be provided in a culturally and linguistically appropriate manner pursuant to Department of Labor Regulation Section 2560.503-1(o) and shall include the following:

A. 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.

B. Either the specific internal rules the Plan relied upon in making the adverse determination or, alternatively, a statement that such rules do not exist.

C. An explanation of the decision, including the basis for disagreeing with or not following the views and determinations presented by the claimant regarding his condition as follows:

i. The views of the health care and vocational professionals who treated or evaluated the claimant;

ii. The views of medical or vocational experts obtained by the Plan, without regard to whether the advice was relied upon in making the adverse benefit determination;

iii. A disability determination by the Social Security Administration.

D. If the adverse benefit determination is based on a scientific or clinical judgement, the Plan will provide either an explanation of the scientific or clinical judgment applied to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request.

c. Review of Denied Claim

1. Claimant's Appeal

A claimant may file a written appeal of a denied claim with the Trustees within 180 days after receiving notice that his claim has been denied. A claimant may authorize a representative to act on the claimant's behalf for this purpose. An authorization to use a representative must be provided to the Trustees on a written form approved by the Fund. The Trustees may delegate their responsibilities to committees or individuals including an appeals review committee. The review must not be made by the same person(s) who made the initial claim determination or a subordinate to the person(s) who made the initial claim determination.

2. Claimant's Rights on Appeal

If the claimant files a timely written appeal, he may:

A. Submit additional materials, including any comments, statements or documents; and

B. Review all relevant information (free of charge) upon reasonable request to the Trustees or their designee(s). A document, record or other information is relevant if:

i. It was relied upon by the Plan in making the decision;

ii. It was submitted, considered or generated (regardless of whether it was relied upon); or

iii. It demonstrates compliance with the claims processing requirements.

d. Full and Fair Review on Appeal

1. The Trustees' or their designee(s)' review shall consider all comments, documents, records and other information submitted or considered in the initial determination.

The review must consider all comments and records submitted by the Participant. The appeal cannot defer to the initial claim determination.

If the determination is based on medical necessity or appropriateness, the Board of Trustees (or appeals committee) must consult a medical professional who is not the same individual who consulted on the initial review of the claim or a subordinate of that individual.

2. Effective for disability claims filed on or after January 1, 2018, the Trustees review of an appeal shall include the following.

Prior to the date that the Plan issues an adverse benefit determination on an appeal of a disability benefit claim, the Plan Administrator shall provide the claimant, free of charge, with the following items:

A. Any new or additional evidence considered, relied upon, or generated by the Plan in connection with the claim; and

B. Any new or additional rationale for an adverse benefit determination.

Such additional evidence or rationale will be provided as soon as possible and the claimant will be given the opportunity to respond prior to a determination. Such additional information will be provided at least 30 days prior to the next quarterly meeting of the Board of Trustees. However, if such information is provided to the claimant within 30 days of a quarterly meeting, then the appeal determination will be postponed until the next quarterly meeting.

e. Time Limits on Appeal

The Trustees or their designee(s) will render a decision at the next quarterly meeting of the Board of Trustees. However, if a request for appeal is received within 30 days of a quarterly meeting, then the decision may be rendered at the subsequent quarterly meeting.

f. Content of Decision on Appeal

1. The Trustees' or their designee(s)' written decision shall be sent to the claimant within five days from the date the decision was rendered and shall:

A. Contain the reason or reasons for the decision;

B. Refer to specific Plan provisions on which the decision is based;

C. Notify the claimant of his right to access and copy (free of charge) all documents, records and other information relevant to the claim;

D. Notify the claimant of the right to bring a civil action under ERISA Section 502; and for disability claims filed on or after January 1, 2018, the calendar date on which the Plan's 365 day limit for filing suit expires.

E. Notify the claimant of any additional voluntary appeal procedures offered by the Plan, if any.

2. Effective for disability claims filed on or after January 1, 2018, the notice of adverse determination on appeal shall be provided in a culturally and linguistically appropriate manner pursuant to Department of Labor Regulation Section 2560.503-1(o) and shall include the following:

A. An explanation of the decision, including the basis for disagreeing with or not following the views and determinations presented by the claimant regarding his condition as follows:

i. The views of the health care and vocational professionals who treated or evaluated the claimant;

ii. The views of medical or vocational experts obtained by the Plan, without regard to whether the advice was relied upon in making the adverse benefit determination; and

iii. A disability determination by the Social Security Administration.

B. If the adverse benefit determination is based on a scientific or clinical judgement, the Plan will provide either an explanation of the scientific or clinical judgment applied to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request; and

C. Either the specific internal rules the Plan relied upon in making the adverse determination or, alternatively, a statement that such rules do not exist.

IN WITNESS WHEREOF, the above amendment to the Iron Workers St. Louis District Council Annuity Plan was adopted by a motion passed by the Board of Trustees on October 5, 2017 that authorized the Chairman and Co-Chairman to sign this amendment on behalf of the Board of Trustees.

Chairman

Co-Chairman