

**AMENDMENT NO. 5 TO THE
LOCAL UNION 598 PLUMBING & PIPEFITTING INDUSTRY
HEALTH & WELFARE PLAN DESCRIBING MEDICAL, DENTAL & VISION
BENEFITS FOR EMPLOYEES & DEPENDENTS AND LIFE INSURANCE, SA VINGS
PLAN BENEFITS & HEALTH REIMBURSEMENT ARRANGEMENT FOR EMPLOYEES**

The Board of Trustees, pursuant to Article IX, Sections 9.1 and 9.2 of the January 1, 2006 Trust Agreement for the Local Union 598 Plumbing & Pipefitting Industry Health & Welfare Fund and page 157 of the January 1, 2016 Benefit Booklet entitled PLAN AMENDMENTS AND RESTATEMENTS amend the January 1, 2016 Benefit Booklet for the Local Union 598 Plumbing & Pipefitting Industry Health & Welfare Plan Describing Medical, Dental & Vision Benefits for Employees & Dependents and Life Insurance, Savings Plan Benefits & Health Reimbursement Arrangement for Employees (the "Benefit Booklet") effective June 1, 2018, unless otherwise indicated below, as set forth below.

1. The title of the Benefit Booklet is amended to read as follows:

LOCAL UNION 598 PLUMBING & PIPEFITTING INDUSTRY HEALTH & WELFARE PLAN DESCRIBING MEDICAL, DENTAL & VISION BENEFITS FOR EMPLOYEES & DEPENDENTS AND LIFE INSURANCE, VACATION/HOLIDAY BENEFITS, SICK LEAVE BENEFITS & HEALTH REIMBURSEMENT ARRANGEMENT FOR EMPLOYEES

2. The website address for the Local Union 598 Plumbing & Pipefitting Industry Health & Welfare Fund in the Benefit Booklet is amended to read as follows:

www.ua598benefits.org

3. Effective June 15, 2018, the address for the Local Union 598 Plumbing & Pipefitting Industry Health & Welfare Fund and/or BeneSys, Inc. in the Benefit Booklet is amended to read as follows:

5331 SW Macadam Avenue
Suite 258, PMB #116
Portland, OR 97239

4. On page iv of the Benefit Booklet, the reference to "Savings Plan" is amended to read as follows:

Vacation/Holiday Benefits

5. On page 1 of the Benefit Booklet, the fourth bullet below the second paragraph is amended to read as follows:

- The Health Reimbursement Account, vacation/holiday benefits, sick leave benefits, and life insurance benefits for Employees;

6. On page 1 of the Benefit Booklet, the fourth paragraph is amended to read as follows:

Employees and their Dependents enrolled in the Medical Plan will also receive dental and vision benefits described in this Benefit Booklet and the Employee will receive the life insurance, HRA, vacation/holiday benefits and sick leave benefits described in this Benefit Booklet.

7. On page 18 of the Benefit Booklet, the paragraph below the heading **HOW TO MAINTAIN COVERAGE - RESERVE ACCOUNT** is amended to read as follows:

Except for the initial 420 hours of Contributions to establish Plan coverage, all Contributions made to the Trust (except HRA, vacation/holiday and sick leave Contributions and Contributions dedicated to the Retiree Plan as determined by the Trustees) under a Collective Bargaining Agreement or Reciprocity Agreement are credited (in dollars) to a Reserve Account in Your name up to an amount equal to the cost of six (6) months of medical, prescription drug, dental, vision, and life insurance ("Plan coverage"). Any Contributions above this limit will be forfeited to the Trust. You will continue to have Plan coverage, whether employed or not, if Your Reserve Account has sufficient money to pay the full cost of one month of the Plan coverage. For example, an Employee's Reserve Account has \$1,500 in January. The cost of Plan coverage (for example, \$1,100) will be deducted from the Reserve Account on approximately January 31 to provide February coverage, leaving a balance of \$400 in the Reserve Account. You may call the Plan Administrator or use the website (www.ua598benefits.com) to determine the amount of money in Your Reserve Account.

8. On page 104 of the Benefit Booklet, the fourth paragraph is amended to read as follows:

Claim forms for medical, dental, vacation/holiday and sick leave benefits should be sent to:

Local Union 598 Plumbing & Pipefitting Industry Health & Welfare Fund
c/o BeneSys, Inc.
5331 SW Macadam Avenue
Suite 258, PMB #116
Portland, OR 97239

9. Effective April 10, 2018, page 129 of the Benefit Booklet is amended by adding a new paragraph immediately before the last paragraph to read as follows:

For COBRA payments to continue health and welfare coverage, You can either (i) pay the COBRA premium and then complete a claim form to receive reimbursement or (ii) complete a claim form and request the COBRA premium be deducted from Your HRA Account. The claim form requesting the COBRA premium be deducted from Your HRA Account must be received by the Plan Administrator prior to the final date to pay the COBRA premium.

10. On page 132 of the Benefit Booklet, the section entitled SAVIN GS PLAN is amended to read as follows:

VACATION/HOLIDAY BENEFITS

Vacation/holiday contributions in the amount stated in the Collective Bargaining Agreement are paid to You by Your Employer as gross wages, subject to all state and federal deductions, and then deducted from Your paycheck at the full rate called for in the Collective Bargaining Agreement. Your Employer is then obligated to send the vacation/holiday contributions to the Trust.

Each month, the Plan Administrator will deposit the vacation/holiday contributions received on Your behalf into an account in Your name at a bank, savings and loan or credit union designated by You to be used when You are away from work without pay due to vacation or holiday. Before vacation/holiday contributions can be transferred to Your account, You must complete an authorization form authorizing the Trust to make a direct deposit to a bank, savings and loan or credit union of Your choice. You may obtain the direct deposit authorization form by contacting:

Plumbers & Steamfitters Local 598 1328 Road 28 Pasco, WA 99301 (509) 545-1446	OR	BeneSys, Inc. 5331 SW Macadam Avenue Suite 258, PMB #116 Portland, OR 97239 (503) 224-0048 (800) 205-7002
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An authorization form may also be obtained from the Trnst's website at www.ua598benefits.org or by calling the Plan Administrator at (800) 205-7002.

Vacation/holiday contributions will normally be transferred electronically to Your designated bank, savings and loan or credit union by the 25th day of the month.

In the event the vacation/holiday contributions deposited in Your bank, savings and loan or credit union account do not agree with Your records, contact the Plan Administrator. The Plan Administrator will check the vacation/holiday contributions deposited on Your behalf against the amount You claim is owed. If Your Employer has not contributed all amounts owed, collection efforts will be made. Amounts collected will be deposited into Your account.

In the event You choose not to open a bank, savings and loan or credit union account, the Trnst will issue a check to You for Your accumulated vacation/holiday contributions received by the Trust twice per year (approximately June 20 and December 20). The check will not include interest. At the time the Trust issues a check to You for Your vacation/holiday contributions, \$20.00 will be deducted from Your vacation/holiday check to cover the costs associated with issuing the check.

If You have a claim involving Your vacation/holiday contributions that is denied in whole or in part, You must follow the **Claim Appeal Procedures** which are described on page 133 of the Benefit Booklet.

11. At the end of page 132 of the Benefit Booklet, a new section entitled **SICK LEAVE BENEFITS** is added to read as follows:

SICK LEAVE BENEFITS

Introduction. Contributions to an Employee's Sick Leave Account will start with hours worked after May 31, 2018 provided the Collective Bargaining Agreement requires a Contribution to the Employee's Sick Leave Account. The hourly Contribution is determined by the Collective Bargaining Agreement.

Contributions to Your Sick Leave Account in the amount stated in the Collective Bargaining Agreement are paid to You by Your Employer as gross wages, subject to all state and federal deductions, and then deducted from Your paycheck at the full rate called for in the Collective Bargaining Agreement. Your Employer is then obligated to send the Contributions to the Trust.

Each month, the Plan Administrator will record the Contributions received on Your behalf to a Sick Leave Account in Your name. Although each Employee's Sick Leave Account will be separately identified, the combined assets of all Sick Leave Accounts will be identified in the Trust's financial statements as sick leave reserves. The Sick Leave Accounts established for Employees are merely a recordkeeping account for the purpose of recording the Contributions into Your Sick Leave Account and deductions from Your Sick Leave Account.

How to Apply for Sick Leave Benefits. The Contributions in Your Sick Leave Account can be used when You miss work for a qualifying reason (defined below) on an after-tax basis. Sick leave benefits will be paid at Your hourly wage at the time of absence from employment (including vacation/holiday Contributions and paid sick leave Contributions) in one-half hour increments up to the amount of sick leave benefits in Your Sick Leave Account. For example, assume Your hourly wage at the time of absence from employment (including vacation/holiday Contributions and paid sick leave Contributions) is \$45.00 and You miss 3 1/2 hours of work due to a qualifying reason. After You submit a sick leave request form that is approved by the Plan Administrator, You will receive \$157.50 (\$45.00 per hour x 3 1/2 hours), or the amount of sick leave benefits in Your Sick Leave Account if less than \$157.50, by check or ACH transfer.

In order to request sick leave benefits from Your Sick Leave Account, You must complete a sick leave request form and send it to the Plan Administrator. Sick leave request forms can be obtained as follows:

Plumbers & Steamfitters Local 598
1328 Road 28
Pasco, WA 99301
(509) 545-1446

OR BeneSys, Inc.
5331 SW Macadam Avenue
Suite 258, PMB #116
Portland, OR 97239

Go to www.ua598benefits.org and
print a sick leave request form

OR Call (800) 205-7002 and request
a sick leave request form

Send the completed sick leave request form to the following address:

BeneSys, Inc.
5331 SW Macadam Avenue
Suite 258, PMB #116
Portland, OR 97239

OR By facsimile to: **OR** By email to:
BeneSys, Inc.
(503) 228-0149

BeneSys,
Inc.
598benefits@bensys.
com

The Plan Administrator will review Your sick leave request form. If Your sick leave request is granted, You will receive payment by check or ACH transfer approximately ten days after Your sick leave request form is received and approved. If Your sick leave request is denied in whole or in part, You will be notified in writing by the Plan Administrator as described in the CLAIM APPEAL PROCEDURES of the Benefit Booklet.

Qualifying Reasons to Access Your Sick Leave Account. You are entitled to sick leave benefits from Your Sick Leave Account if You are scheduled to work but are unable to work for one of the following reasons:

- (a) You may use Your sick leave benefits to care for Yourself or a family member (defined below) for:
 - (1) Mental or physical illnesses, injuries, or health conditions;
 - (2) Medical diagnosis, care or treatment of mental or physical illnesses, injuries, or health conditions; or
 - (3) Preventive medical care;
- (b) When You or a family member (defined below) is the victim of sexual assault, domestic violence, or stalking; or
- (c) Your place of employment or Your child's school or place of care has closed by order of a public official for any health-related reason. Note: A closure due to weather conditions does not count as an authorized reason to use sick leave benefits;

For purposes of this section of the Benefit Booklet, Your family member is defined as a child or parent (including biological, adopted, foster, step, or legal guardian), a spouse, registered domestic partner, spouse's parent, grandparent, grandchild, or sibling.

Method for Paying Your Sick Leave Benefits. You have two options for the payment of Your sick leave benefits as follows:

- (a) A check will be issued to You at the address on the sick leave request form; or
- (b) Payment will be made to a bank, savings and loan, or credit union by direct deposit so long as You provide necessary banking information.

A check will normally be issued or a direct deposit made within ten days after the Plan Administrator receives and approves Your sick leave request form.

Maximum Accumulation of Sick Leave Benefits in Your Sick Leave Account. There is no maximum amount of sick leave benefits You may accumulate in Your Sick Leave Account.

Carryover of Sick Leave Benefits in Your Sick Leave Account. Sick leave benefits are determined on a calendar year basis. At the end of each calendar year, sick leave benefits in Your Sick Leave Account equal to 40 hours at the journeyman hourly wage (including vacation/holiday Contributions and sick leave Contributions) will remain in Your Sick Leave Account and carried over to the next calendar year. Any sick leave benefits in excess of the carryover amount will be paid to You by check or ACH transfer. For example, assume the journeyman hourly wage (including vacation/holiday Contributions and sick leave Contributions) is \$45.00 on December 31, 2018. Up to \$1,800 (\$45 per hour x 40 hours) will be carried over to Your Sick Leave Account in 2019 and any sick leave benefits in Your Sick Leave Account on December 31, 2018, in excess of \$1,800 will be paid to You.

Minimum Payment from Your Sick Leave Account. Payments from Your Sick Leave Account will be made in one-half hour increments, provided there are sufficient sick leave benefits in Your Sick Leave Account. If You request sick leave benefits in other than one-half hour increments, the sick leave request, if granted, will be rounded up to the nearest one-half hour. For example, if You have a qualifying reason for accessing Your Sick Leave Account and state on the sick leave request form You missed three hours and twenty minutes of work, You will receive three hours and thirty minutes of sick leave benefits.

Monthly Report regarding Your Sick Leave Account. On a monthly basis, the Plan Administrator shall provide You with a written report which includes the following information:

- (a) The sick leave Contributions made to Your Sick Leave Account since the last report;
- (b) The amount of sick leave benefits paid to You from Your Sick Leave Account since the last report; and
- (c) The total sick leave benefits in Your Sick Leave Account.

The monthly report will normally be sent by the 20th day of the month and cover all activities in Your Sick Leave Account through the last day of the previous month. For example, a monthly report issued by August 20, 2018, will cover activities in Your Sick Leave Account through July 31, 2018.

Time Limit to Apply for Sick Leave Benefits from Your Sick Leave Account. You must submit a sick leave request form to the Plan Administrator so it is received by January 15 or Your sick leave request will be denied as untimely. For example, if You missed three hours of work due to a qualifying reason on August 1, 2018, the Plan Administrator must receive Your sick leave request form by January 15, 2019, or the sick leave request will be denied as untimely.

Reciprocity for Travelers. If You are a traveler from a United Association local union who is temporarily working in Local 598's geographic area and elect to have Your health contributions sent to Your home health trust, the Contribution to Your Sick Leave Account will not be reciprocated to Your home health trust, and a Sick Leave Account will be established for You.

If the Local 598 Trust is Your home trust, and You travel to another United Association local union's geographic jurisdiction, and have Contributions reciprocated to this Trust, reciprocated Contributions will not be allocated to Your Sick Leave Account. The reciprocated Contributions will be allocated to Your Reserve Account and/or HRA.

Retirement. For purposes of this section of the Benefit Booklet, "retirement" means You are receiving a pension benefit from a pension plan associated with the United Association, such as the Plumbers and Pipefitters National Pension Fund, Local Union 598 Supplemental Pension Plan, or Washington State Plumbing and Pipefitting Industry Pension Plan. Upon proof of "retirement," any sick leave benefits in Your Sick Leave Account will be distributed to You.

Death. In the event You die with sick leave benefits in Your Sick Leave Account, the sick leave benefits will be paid to the first of the following classes of beneficiaries that survive You:

- (a) Your legal spouse;
- (b) Your surviving children (including legally adopted children and step-children) in equal shares;
- (c) Your surviving parents in equal shares;
- (d) Your surviving siblings in equal shares;
- (e) To Your estate; or
- (f) If a beneficiary cannot be located after reasonable search efforts by the Plan Administrator, the sick leave benefits will be forfeited to the Trust subject to reinstatement if a beneficiary later appears.

Divorce and Legal Separation. In the event of a divorce or legal separation, Your former spouse will have no right to the sick leave benefits in Your Sick Leave Account as part of a property settlement.

Forfeiture. The sick leave benefits in Your Sick Leave Account will forfeit to the Trust if the following occurs:

- (a) There have been no Contributions made to Your Sick Leave Account for 24 consecutive months; and
- (b) There have been no payments to You from Your Sick Leave Account for 24 consecutive months.

Claims Appeal Procedures. You have the right to appeal any decision by the Plan Administrator related to Your Sick Leave Account. You must follow the **CLAIM APPEAL PROCEDURES** which are described on page 133 of the Benefit Booklet.

Retaliation Prohibited. Any discrimination or retaliation against You for the lawful exercise of sick leave benefits is not allowed. You will not be disciplined for the lawful use of sick leave benefits. The Trust will not discriminate or retaliate against You for the lawful exercise of Your rights.

Interpretation of Sick Leave Benefits. Any ambiguities in this section of the Benefit Booklet will be interpreted in a manner consistent with applicable paid sick leave statutes and administrative rules for Washington. Sick leave benefits are intended to comply with Washington law and help ensure that an Employee who misses work for a qualifying reason will be paid his/her normal hourly wage for time away from work to the extent that there are sick leave benefits in the Employee's Sick Leave Account.

12. On page 133 of the Benefit Booklet, the paragraph below the heading **WHERE TO FILE AN APPEAL** is amended to read as follows:

All types of appeals involving eligibility for coverage, medical, dental, HRA, vacation/holiday, and sick leave benefits should be submitted in writing to:

Local Union 598 Plumbing & Pipefitting Industry Health & Welfare Fund
c/o BeneSys, Inc.
5331 SW Macadam Avenue
Suite 258, PMB #116
Portland, OR 97239

13. On page 134 of the Benefit Booklet, the material in the fourth box below the heading Time Frame for Initial Decision by Plan Administrator is amended to read as follows:

Time Frame for Initial Decision by Plan Administrator

The time frame in which an initial decision concerning a claim will be made depends on the type of claim submitted. There are different time frames for different types of claims as follows:

Medical and prescription drugs (post-service claims)	30 days
Dental	30 days
Disability waiver	45 days
Eligibility, a self-payment, coverage for a Dependent, a COBRA issue, HRA, vacation/holiday, and sick leave benefits, a rescission of coverage issue, or other issue.	90 days

14. On page 136 of the Benefit Booklet, the paragraph below the heading **Eligibility and Other Types of Claims** is amended to read as follows:

The Plan Administrator is responsible for reviewing claims concerning eligibility-type issues such as ineligibility to enroll in a health and welfare plan, a late self-payment, coverage for a Dependent, COBRA coverage issues, HRA, vacation/holiday benefits and sick leave benefits, a rescission of coverage issue, and other Plan related issues. You will be notified in writing of the decision. The written decision will normally be provided within ninety (90) days after receipt of Your written notice concerning a claim. The Covered Person may appeal an adverse eligibility decision to the Appeal Review Committee/Trustees and they or their designee will act on the appeal within the time limits specified in the Review by the **Appeal Review Committee/Trustees** section.

15. Effective June 15, 2018, on page 158 of the Benefit Booklet, the material below the heading **PLAN NAME** is amended to read as follows:

Local Union 598 Plumbing & Pipefitting Industry Health & Welfare Plan also referred to as the Plan describing medical, dental & vision benefits for Employees and Dependents, life insurance benefits, vacation/holiday benefits, sick leave benefits, and Health Reimbursement Arrangement benefits for Employees.

16. On page 159 of the Benefit Booklet, the paragraph below the heading **AGENT FOR SERVICE OF PROCESS** is amended to read as follows:

The person designated as the Plan's agent for service of process is:

Lee Centrone
BeneSys, Inc.
5331 SW Macadam Avenue, Suite 220
Portland, OR 97239

17. On page 160 of the Benefit Booklet, the material below the heading **TYPE OF PLAN** is amended to read as follows:

The Plan is a health and welfare plan that provides life insurance, vacation/holiday, sick leave, and HRA benefits for Employees only. The Plan provides medical, dental and vision benefits for Employees and their Dependents.

18. On page 162 of the Benefit Booklet, the paragraph entitled **Medical, Prescription Drug, Dental, HRA, and Savings Benefits** is amended to read as follows:

Medical, Prescription Drug, Dental, BRA, Vacation/Holiday, and Sick Leave Benefits. Claims arising from the medical and Prescription Drug benefits for Employees and their Dependents are paid directly from Trust assets, although a premium is paid to an insurance carrier for specific and aggregate stop loss coverage for medical and Prescription Drug benefits. Claims arising from dental benefits for Employees and their Dependents are paid directly from Trust assets. HRA, vacation/holiday, and sick leave benefits for Employees are paid directly from Trust assets.

Section 9 ADOPTED April 10, 2018, all other Sections ADOPTED May 18, 2018, and EXECUTED June 11, 2018,

J. f. / U. L. F.

Employer Trustee

Randall Walli
Union Trustee