

**AMENDMENT TWENTY-ONE  
TO THE  
SACRAMENTO INDEPENDENT HOTEL, RESTAURANT & TAVERN EMPLOYEES WELFARE  
TRUST**

WHEREAS, the Board of Trustees of the Sacramento Independent Hotel, Restaurant and Tavern Employees Welfare Plan (the “Plan”) previously temporarily amended the Plan’s COBRA Election rules, Special Enrollment period, Claims & Appeals Procedures, and External Review rules, only during the Outbreak Period pursuant to the jointly released DOL and IRS Emergency Rules and Regulations entitled “Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID-19 Outbreak” dated April 29, 2020 (Federal Register, Vol. 85, No. 86, May 4, 2020);

WHEREAS, the Plan is now being amended, effective immediately, to clarify the Outbreak Period expiration deadlines released by the federal agencies in EBSA Disaster Relief Notice 2021-01, are to be determined on an individualized basis and will terminate the earlier of: (1) One year from the date an individual was first eligible for an extended deadline, or (2) the end of the Outbreak Period but, in no case will the extended relief period exceed One year; and

THEREFORE, the Board of Trustees amends the Plan as follows:

**Amendment**

**The Board of Trustees of the Plan has temporarily amended Section “Temporary Emergency Extension Rules” under Article XXI. MISCELLANEOUS to the Summary Plan Description (also known as the Plan Document) as follows:**

**TEMPORARY EMERGENCY EXTENSION RULES.** Effective immediately, joint IRS and DOL emergency regulation requires the Plan (and insurance carriers) must disregard the period from **March 1, 2020 until sixty (60) days after the announced end of the National Emergency or another date determined by the agencies in a future notice** (referred to as the “Outbreak Period”) for all plan participants, beneficiaries, qualified beneficiaries, or claimants in determining the following periods and dates referenced in this section, but the **extended deadline will terminate the earlier of (1) One year from the date an individual is first eligible for the relief or (2) the end of the Outbreak Period, but in no event will an extended relief exceed One (1) year**:

1. **COBRA Qualifying Event Notice.** For Qualifying Events or receipts of the notice of COBRA continuation coverage occurring on or after March 1, 2020, the 60-day period to give a Qualifying Event Notice is temporarily extended and will **terminate the earlier of: (1) one year from the date you (or your Dependents) were first eligible for an extended deadline or (2) the end of the Outbreak Period but, in no event will you (or your Dependent’s) extended relief exceed One (1) year. Please contact the Trust fund Office to determine your individualized situation.**
2. **COBRA Premium Payments (For Initial Payment and Ongoing Monthly Payments).** If COBRA coverage is first elected during the Outbreak Period, all monthly premium payments for all months for which coverage is elected are temporarily extended. This means if COBRA coverage is first elected during the Outbreak Period, your initial COBRA payment is temporarily extended and will be **due the earlier of: (1) one year from the date an individual is first eligible for the extended relief (calculated from 45 days from the date of your COBRA Election) or (2) the end of the Outbreak Period (but in no event will your extended relief exceed One (1) year. For all ongoing monthly premium payments for which coverage is elected, coming due during the Outbreak Period are also temporarily extended and will be due the earlier of: (1) one year from the date an individual is first eligible for the extended relief (plus 30 days because the**

premium payment is considered timely pursuant to the COBRA statute if paid within 30 days of the due date) or (2) the end of the Outbreak Period (but in no event will your extended relief exceed One (1) year. **Please contact the Trust fund Office to determine your individualized situation.**

3. **COBRA Election Notice.** A Qualified Beneficiaries 60 day right to elect COBRA upon receipt of the COBRA Notice is temporarily extended and will terminate the earlier of: (1) one year from the date an individual is first eligible for the extended relief (calculated from the later of the date you are furnished the election notice or the date you lose coverage) or (2) the end of the Outbreak Period but, in no event will you (or your Dependent's) extended relief exceed One (1) year. **Please contact the Trust fund Office to determine your individualized situation.**
4. **Special Enrollment Rights.** For participants that experience a birth, marriage or adoption as of March 31, 2020, their 30-day period to special enroll an eligible Dependent in the Plan upon birth, marriage, or adoption has been temporarily extended and will terminate the earlier of: (1) one year from the date the individual was first eligible for the extended relief or (2) the end of the Outbreak Period but, in no event will your extended relief exceed One (1) year. If you or your dependent lose coverage under CHIPRA or Medicaid as of March 1, 2020, you or your dependents 60-day period to special enroll in the Plan (subject to meeting the Plan's eligibility rules) upon a loss of CHIPRA or Medicaid coverage has been extended and will terminate the earlier of: (1) one year from the date the individual was first eligible for the extended relief or (2) the end of the Outbreak Period but, in no event will your Dependent's extended relief exceed One (1) year. **Please contact the Trust fund Office to determine your individualized situation.**
5. **Plan's Claims Filing Procedure.** Any benefit claims filing requirements (including 1 year period to file suit) mentioned throughout this booklet, for claims as of March 1, 2020, has been temporarily extended and will terminate the earlier of: (1) one year from the date the individual was first eligible for the extended relief or (2) the end of the Outbreak Period but, in no event will you (or your Dependent's) extended relief exceed One (1) year. If applicable, for those claims received/processed earlier than March 1, 2020, any days that passed prior to the March 1, 2020 start of the Outbreak Period will be accounted for and not disregarded in determining your claims filing deadline but the days that fall within the Outbreak Period will be temporarily extended pursuant to federal guidance. **Please contact the Trust fund Office to determine your individualized situation.**
6. **Plan's Appeals Procedure.** For those claimants (or their authorized representatives) who received an adverse benefit determination/claims denial as of March 1, 2020, the claimant (or authorized representative's) right to file an appeal within 180 days for health & welfare and disability-related claims has been temporarily tolled and will terminate the earlier of: (1) one year from the date the individual was first eligible for the extended relief or (2) the end of the Outbreak Period but, in no event will the extended relief exceed One (1) year. If applicable, for those claimants who received an adverse benefit determination earlier than March 1, 2020 any days that passed prior to the March 1, 2020 start of the Outbreak Period will be accounted for and not disregarded in determining your appeals filing deadline but the days that fall within the Outbreak Period will be temporarily extended pursuant to federal guidance. **Please contact the Trust fund Office to determine your individualized situation..**
7. **Request for External Review.** If applicable, claimant (or authorized representative) has up to 4 months from the receipt of an adverse benefit determination to file a request for external review with the Trust Fund Office counted from the end of the Outbreak Period.
8. **File Information to Perfect Request for External Review.** If applicable, claimant (or authorized representative) has up to 4 months or within 48 hour period following receipt of the notice of incomplete request, whichever is later, to provide information to perfect a request for external review counted from the end of the Outbreak Period.

Approved:

UNION TRUSTEES:

  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER TRUSTEES:

  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
\_\_\_\_\_