

**SHEET METAL WORKERS LOCAL 104 HEALTH CARE PLAN
(As revised January 2021)**

Amendment 22

Pursuant to the authority set forth in Article VII of the Agreement and Declaration of Trust, the Trustees hereby amend the Sheet Metal Workers Local 104 Health Care Plan as follows:

1. Effective September 10, 2024, the “Special Enrollment for Dependents” subsection in the “How To Enroll” section is revised to read as follows:

Special Enrollment for Dependents

If your Eligible Dependent terminates coverage under this Plan because of other health insurance coverage, they may be enrolled into the Plan if they lose eligibility for that other coverage (or if your spouse’s employer stops contributing towards their or your Eligible Dependent’s other coverage). You must request enrollment in this Plan within 30 days after your Eligible Dependent’s other coverage ends (or after the employer stops contributing toward the other coverage. Coverage under this Plan will begin the first (1st) of the calendar month after the Plan receives the special enrollment request.

Additionally, Eligible Dependents may be enrolled into the Plan if they lose eligibility under Medicaid or a State Sponsored Children’s Health Insurance Plan and/ or upon becoming eligible for a special premium assistance subsidy under Medicaid or a State Sponsored Children’s Health Insurance Plan. You must file your enrollment form with the Trust Fund Office within 90 days of your Eligible Dependent losing coverage under Medicaid or a State Sponsored Children’s Health Insurance Plan or within 90 days of your Eligible Dependent becoming eligible for premium assistance under Medicaid or a State Sponsored Children’s Health Insurance Plan.

Claims for dependents cannot be processed until an enrollment form and proper documentation are received by the Trust Fund Office. Proper documentation means material such as a copy of a legal birth certificate, marriage certificate, adoption records, or proof of court-ordered dependent support (e.g., Qualified Medical Child Support Order).

2. Effective September 10, 2024, the “Coverage Will End for your Dependents” subsection in the “When Coverage Ends” section is revised to read as follows:

COVERAGE WILL END FOR YOUR DEPENDENTS on the earliest of the following dates:

1. The date your coverage ends.
2. The date you or your dependent no longer satisfies the Plan’s eligibility requirements. Coverage will continue through the last day of the month in which a child attains the limiting age for eligibility. Your dependents may then elect to continue coverage for up to 36 months under the COBRA option described on page 21.

3. If you divorce, your former spouse is no longer an eligible dependent on the date of the final divorce decree. If you legally separate, your spouse is no longer an eligible dependent as of the effective date of the legal separation.
4. The first day of the month following your death, unless your spouse or eligible dependents meets the requirements for survivor coverage described on page 20, or your dependent is disabled and meets the requirements for coverage as a separate individual as described on page 9.
5. The date the Plan is terminated.
6. You or your dependent child may remove your dependent child over the age of 19 one time from the Plan if your dependent child is enrolled in a different group health plan or an individual medical policy. You or your dependent child must make the request to remove the dependent child in writing and provide proof of the other medical coverage (or provide proof of other coverage within thirty (30) days, if other coverage cannot be obtained before being removed from this Plan). You may re-enroll the dependent child at a later date so long as the child remains an eligible dependent and at least twelve (12) months have passed since your child's coverage was terminated under this provision or your child qualifies for "Special Enrollment" under the terms of the Plan. For re-enrollment, you must complete any enrollment forms that may be required by the Fund Office.
7. You may remove your dependent child aged 19 and younger from the Plan if your dependent child is enrolled in a different group health plan or an individual medical policy. You must make the request to remove the dependent child in writing and provide proof of the other medical coverage (or provide proof of other coverage within thirty (30) days, if other coverage cannot be obtained before being removed from this Plan). If the request is acceptable, the request for termination of coverage will be effective on the first of the month following the Plan's receipt of the request for termination. You may re-enroll your dependent child at a later date so long as the child remains an eligible dependent and at least twelve (12) months have passed since your child's coverage was terminated under this provision or your child qualifies for "Special Enrollment" under the terms of the Plan. For re-enrollment, you must complete any enrollment forms that may be required by the Fund Office. The Plan will reenroll your child if you are required by a Qualified Medical Child Support Order to provide health coverage to the child or pay the child's medical expenses.
8. Your spouse may remove themselves from the Plan if your spouse is enrolled in his/her own group health plan or other equivalent health care coverage. Your spouse must make the request to be removed from this Plan's coverage in writing and provide proof of the other medical coverage (or provide proof of other coverage within thirty (30) days, if other coverage cannot be obtained before being removed from this Plan). If the request is acceptable, the request for termination of coverage will be effective on the first of the month following the Plan's receipt of the request for termination. You may re-enroll your spouse at a later date if at least twelve (12) months have passed since your spouse's coverage was terminated under this provision or the spouse qualifies for "Special

Enrollment” under the terms of the Plan. For re-enrollment, you must complete any enrollment forms that may be required by the Fund Office.

- 3. Effective September 1, 2024, the first paragraph of “IF YOU RETURN TO WORK AFTER RETRIEMENT” subsection in the “Retiree Health Plan” section is revised to read as follows:

IF YOU RETURN TO WORK AFTER RETIREMENT

If you are retired but are thinking of returning to work, you should request an advance decision from the Trustees on whether your proposed employment will adversely affect your eligibility for retiree coverage. Such requests should be made in writing and sent to the Trust Fund Office. If you return to work in the industry in a position not covered by the Collective Bargaining Agreement, except if you work less than 40 hours per month as a part-time instructor for a Joint Apprenticeship Committee in the Sheet Metal Industry, or other apprenticeship or pre-apprenticeship program approved by the Board of Trustees, you may continue to participate in the Retiree Health Care Plan at unsubsidized retiree rates. Failure to notify the Trust Fund Office of your return to work will result in termination of your retiree health care coverage.

[The remainder of this section is unchanged.]

This Amendment 22 was adopted by the Board of Trustees on September 10, 2024. The Chairman and Co-Chairman were authorized by the Board of Trustees to execute this Amendment on their behalf. This Amendment 22 may be executed in counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same Amendment 22.



Chairman

Date: 9/12/2024 | 3:05 AM EDT



Co-Chairman

Date: 9/25/2024 | 10:13 AM PDT