

U.A. Local No. 393 Benefit Funds

PLUMBERS, STEAMFITTERS & REFRIGERATION FITTERS

1731 Technology Drive, Suite 570 ■ San Jose, CA 95110

P.O. Box 2460 ■ San Jose, CA 95109-2460

Phone (408) 588-3751 ■ Fax (408) 436-8210

NOTICE OF MATERIAL MODIFICATIONS

to the

U.A. LOCAL 393 HEALTH AND WELFARE PLAN

(As revised November 1, 2019)

TO: Covered Actively Employed Building Trades Apprentices and Journeymen and
Covered Actively Employed Provisional Service Plumbers
RE: New Death Benefit
FROM: The Board of Trustees
DATE: March 2022

This document is a Summary of Material Modifications ("Summary") intended to notify you of an important change made to the U.A. Local No. 393 Health and Welfare Plan ("the Plan") since the Summary Plan Description was last distributed to you.

Effective January 1, 2022, the Trustees of the Plan have amended the Plan to **add a death benefit** for covered actively employed Building Trades Apprentices and Journeymen and Provisional Service Plumbers.

Subject to certain exclusions identified in the Plan, if an eligible active employee passes away before retirement and before reaching age 65, their designated beneficiary is entitled to a **Lump Sum Death payment of \$50,000. In addition to this payment, the designated beneficiary is eligible to receive an enhanced benefit equal to \$2,000 times the number of years of Benefit Credit earned under the U.A. Local 393 Defined Benefit Plan on or after January 1, 2022.** The benefit is a taxable benefit to your beneficiary. Participants receiving coverage through COBRA are not considered to be active employees.

You may designate anyone, or any number of people as your beneficiary for the death benefits, including your trust or estate. If more than one beneficiary is named, benefits will be paid to them in equal shares. To designate a different percentage of the death benefit, you must fill out the included form where indicated. If no beneficiary is designated the death benefits will be paid to the spouse or registered domestic partner, or if none, children, or if none, parents or other immediate family members, and if none, no benefits will be paid. Application for death benefits must be received by the Administration Office within 12 months of the death for any benefit to be payable.

PLEASE REVIEW, COMPLETE AND RETURN THE ENCLOSED DEATH BENEFIT BENEFICIARY DESIGNATION FORM TO THE ADMINISTRATIVE OFFICE. Forms can be returned via the enclosed envelope, or by fax to (408) 436-8210.

For further information, please see Amendment 15 to the Health and Welfare Summary Plan Description located online at www.ualocal393benefits.org. Please note that, in the event of conflict between this Summary and the terms of the Plan, the terms of the Plan will govern.

Please contact the Administrative Office if you have any questions at (408) 588-3751 (*press 2 for Member, then press 2 again for the Eligibility Department*). You may also contact the Member Advocate at 393@memberadvocate.org or (408) 225-3030.

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U.A. Local No. 393 Health and Welfare Plan

Death Benefit Beneficiary Designation Form

I, _____, Social Security Number _____ hereby designate
(Print Name)

the following named persons as my beneficiary(ies) to receive any monies payable by the U.A. Local No. 393 Health and Welfare Plan ("Plan") in the event of my death. *(If more space is needed, please use back of page.)*

PRIMARY BENEFICIARY: <i>(if naming a minor, please complete the reverse side of this form)</i>		
Beneficiary Name:		Date of Birth:
SSN:	Relationship:	Phone:
Address:		
Percentage of Benefit to be Received:		Email:
Beneficiary Name:		Date of Birth:
SSN:	Relationship:	Phone:
Address:		
Percentage of Benefit to be Received:		Email:
Beneficiary Name:		Date of Birth:
SSN:	Relationship:	Phone:
Address:		
Percentage of Benefit to be Received:		Email:
SECONDARY BENEFICIARY <i>(see explanation below*)</i> :		
Beneficiary Name:		Date of Birth:
SSN:	Relationship:	Phone:
Address:		
Percentage of Benefit to be Received:		Email:

Participant's Signature: _____ Date: _____

Participant's Phone Number: _____ Email: _____

**If you designate more than one Beneficiary, benefits will be paid to them in equal shares, unless you fill in a different percentage to be received where indicated on this form. Benefits will be paid to the person you list as a Secondary Beneficiary only in the event your designated Beneficiary(ies) has died. If you fail to designate a Beneficiary or if all of your designated Beneficiaries have died, the benefits will be paid in accordance with Plan rules: to your spouse or registered domestic partner; or if none, to your child(ren), if any; or if none, to your parent(s), if either is living, or if not, to your surviving brothers and sisters, and if none, then no benefit will be payable.*

U.A. Local No. 393 Health and Welfare Plan
Death Benefit Beneficiary Designation Form *(continued)*

Please complete the Custodial Designation below if you have named one or more minors as your beneficiary.

Custodial Designation:

If my named beneficiary is a minor, I hereby designate (print full name) _____ to act as Custodian to receive such benefits on behalf of such child (or children). I understand that I may change this Custodial Designation at any time. I also understand that if I fail to name a Custodian, the benefit cannot be paid until a Custodian is appointed by the Superior Court.

Custodian Name: _____ Date of Birth: _____

SSN: _____ Relationship: _____

Address: _____ Phone: _____

Email Address: _____

Participant's Signature: _____ Date: _____