U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN

(As Amended and Restated Effective November 1, 2021)

AMENDMENT 3

Pursuant to the powers conferred upon them under Article 4.4.06 of the U.A. Local No. 393 Pension Trust Fund Trust Agreement, the Board of Trustees amended the U.A. Local No. 393 Defined Contribution Plan (As Amended and Restated Effective November 1, 2021) as follows:

1. Amend Part I, Article 12, Section 3 in its entirety to state as follows:

3. The notice shall tell the claimant the reason for the denial and the section of the Trust or Plan on which the denial is based. If applicable, the notice shall request any additional information needed together with an explanation as to why the additional information is necessary. The notice will also explain the right to appeal the denial of the claim, including a statement of the right to bring a civil action under Section 502(a) of ERISA within two (2) years following an adverse benefit determination on review and the requirement to bring the civil action in the U.S. District Court for the Northern District of California and only on an individual basis.

2. Amend Part I, Article 12, Section 8 in its entirety to state as follows:

8. The decision of the Trustees or their committee shall be in writing, and shall provide the specific reasons for the decision with specific references to the Trust or Plan on which the decision is based, a statement that 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 claimant's claim for benefits; and the claimant's right to bring a civil action under ERISA § 502(a) within two (2) years after the denial and the requirement to bring the civil action in the U.S. District Court for the Northern District of California and only on an individual basis.

3. Amend Part 1, Article 13, Section 2(b) in its entirety to state as follows:

(b) **Contents of Notice**. The Plan will provide the claimant with written notice if his or her claim for disability benefits is denied. The notice will include the following information:

(i) A statement of the specific reason(s) for the denial;

(ii) Reference to the specific Plan provision(s) on which the denial was based;

(iii) Either a copy of the specific internal rules, guidelines, protocols, standards or similar criteria of the Plan relied upon in making the decision or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Plan do not exist;

(iv) A discussion of the decision including an explanation of the basis for disagreeing with or not following the views of:

1. a healthcare professional or vocation professional who treated or evaluated claimant;

2. the views of healthcare professional or vocation professional consulted by the Plan during the claim determination; or

3. any disability determination made by the Social Security Administration.

4. If the determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request;

(v) A description of any additional information or documents that the claimant will need to submit if he or she wants the claim to be reconsidered, and an explanation of why that information is necessary;

(vi) A statement that 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 claimant's claim for benefits;

(vii) A description of the Plan's appeal procedures. These will be found in a separate document, and must be followed in appealing the denial of benefits; and

(viii) A statement of the claimant's right to bring a civil action under ERISA Section 502(a) in the U.S. District Court for the Northern District of California only on an individual basis, if the appeal is unsuccessful.

4. Amend Part 1, Article 13, Section 4(d) in its entirety to state as follows:

(d) **Contents of Notice.** The Plan will send the claimant written notice of the Board of Trustees' decision on appeal. If the appeal has been denied, the notice will include the following information:

(i) The specific reason(s) for the denial;

(ii) Reference to the specific Plan provision(s) on which the denial is based;

(iii) Either a copy of the specific internal rules, guidelines, protocols, standards or similar criteria of the Plan relied upon in making the decision or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Plan do not exist;

(iv) A discussion of the decision including an explanation of the basis for disagreeing with or not following the views of:

1. a healthcare professional or vocation professional who treated or evaluated claimant;

2. the views of healthcare professional or vocation professional consulted by the Plan during the claim determination; or

3. any disability determination made by the Social Security Administration.

(v) If the determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request;

(vi) A statement that the claimant may view and receive copies of documents, records or other information relevant to the claim, upon request and free of charge; and

(vii) A statement of the claimant's right to bring a civil action under ERISA Section 502(a) within two (2) years after the denial in the U.S. District Court for the Northern District of California only on an individual basis, and the calendar date on which the period to bring a civil action expires.

5. <u>Amend Part II, Article 11, Section 3 in its entirety to state as follows:</u>

3. The notice shall tell the claimant the reason for the denial and the section of the Trust or Plan on which the denial is based. If applicable, the notice shall request any additional information needed together with an explanation as to why the additional information is necessary. The notice will also explain the right to appeal the denial of the claim, including a statement of the right to bring a civil action under Section 502(a) of ERISA within two (2) years following an adverse benefit determination on review and the requirement to bring the civil action in the U.S. District Court for the Northern District of California and only on an individual basis.

6. Amend Part II, Article 11, Section 8 in its entirety to state as follows:

8. The decision of the Trustees or their committee shall be in writing, and shall provide the specific reasons for the decision with specific references to the Trust or Plan on which the decision is based, a statement that 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 claimant's claim for benefits; and the claimant's right to bring a civil action under ERISA § 502(a) within two (2) years after the denial and the requirement to bring the civil action in the U.S. District Court for the Northern District of California and only on an individual basis.

7. Amend Part II, Article 12, Section 2(b) in its entirety to state as follows:

(b) **Contents of Notice**. The Plan will provide the claimant with written notice if his or her claim for disability benefits is denied. The notice will include the following information:

(i) A statement of the specific reason(s) for the denial;

(ii) Reference to the specific Plan provision(s) on which the denial was based;

(iii) Either a copy of the specific internal rules, guidelines, protocols, standards or similar criteria of the Plan relied upon in making the decision or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Plan do not exist;

(iv) A discussion of the decision including an explanation of the basis for disagreeing with or not following the views of:

1. a healthcare professional or vocation professional who treated or evaluated claimant;

2. the views of healthcare professional or vocation professional consulted by the Plan during the claim determination; or

3. any disability determination made by the Social Security Administration.

4. If the determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request;

(v) A description of any additional information or documents that the claimant will need to submit if he or she wants the claim to be reconsidered, and an explanation of why that information is necessary;

(vi) A statement that 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 claimant's claim for benefits;

(vii) A description of the Plan's appeal procedures. These will be found in a separate document, and must be followed in appealing the denial of benefits; and

(viii) A statement of the claimant's right to bring a civil action under ERISA Section 502(a) in the U.S. District Court for the Northern District of California only on an individual basis, if the appeal is unsuccessful.

8. Amend Part II, Article 12, Section 4(d) in its entirety to state as follows:

(d) **Contents of Notice.** The Plan will send the claimant written notice of the Board of Trustees' decision on appeal. If the appeal has been denied, the notice will include the following information:

(i) The specific reason(s) for the denial;

(ii) Reference to the specific Plan provision(s) on which the denial is based;

(iii) Either a copy of the specific internal rules, guidelines, protocols, standards or similar criteria of the Plan relied upon in making the decision or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Plan do not exist;

(iv) A discussion of the decision including an explanation of the basis for disagreeing with or not following the views of:

1. a healthcare professional or vocation professional who treated or evaluated claimant;

2. the views of healthcare professional or vocation professional consulted by the Plan during the claim determination; or

3. any disability determination made by the Social Security Administration.

(v) If the determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of

the Plan to claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request;

(vi) A statement that the claimant may view and receive copies of documents, records or other information relevant to the claim, upon request and free of charge; and

(vii) A statement of the claimant's right to bring a civil action under ERISA Section 502(a) within two (2) years after the denial in the U.S. District Court for the Northern District of California only on an individual basis and the calendar date on which the period to bring a civil action expires.

Pursuant to the authority granted by the Board of Trustees during their Board meeting on March 21, 2022, the Chair and Co-Chair have been granted authority to execute this Amendment.

3/29/2022 | 2:44 PM EDT	3/29/2022 | 3:10 PM EDT
Date	Date
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Chairman	Co-Chairman