

AMENDMENT No. 5
to the
WASHINGTON STATE PLUMBING AND PIPEFITTING INDUSTRY PENSION PLAN,
JANUARY 1, 2018 Restatement

By action of the Board of Trustees on November 7, 2022, empowering the Chairman and Secretary to approve this final amendment, Section 13.06 of the Washington State Plumbing and Pipefitting Industry Pension Plan, January 1, 2018 Restatement is amended to read as follows:

13.06 Claims Review Procedure.

- (a) No Employee, Retiree, Beneficiary or other person shall have any right or claim to benefits under the Plan, or any right or claim to payments from the Trust, other than as specified herein. Any dispute as to eligibility, type, amount or duration of benefits or any right or claim to payments from the Trust shall be resolved pursuant to the Plan and binding upon all parties thereto.
- (b) Any person whose application for benefits (other than a Disability Retirement) under the Plan has been denied in whole or in part, or whose claim to benefits against the Trust is otherwise denied, shall be notified in writing of such denial within 90 days after receipt of such application or claim. An extension of time not exceeding an additional 90 days may be required by special circumstances. If so, notice of such extension, indicating what special circumstances exist therefore and the date by which a final decision is expected to be rendered, shall be furnished the claimant prior to the expiration of the initial 90-day period. The notice of denial shall set forth in a manner calculated to be understood by the claimant:
 - (1) the specific reason or reasons for the denial;
 - (2) specific reference(s) to pertinent Plan provisions on which the denial is based;
 - (3) a description of any additional material or information necessary for the claimant to perfect the claim and an explanation of why such material or information is necessary; and,
 - (4) appropriate information as to the steps to be taken if the claimant wishes to submit his/her claim for review/appeal.
- (c) Any person whose application for a Disability Retirement is denied in whole or in part will be notified in writing of the denial within a reasonable period of time, but not later than 45 days after receipt of the claim. This period may be extended for up to 30 days (to a total of 75 days) if the Plan determines that an extension of time for making the determination is necessary due to matters beyond the control of the Plan and notifies the claimant prior to the expiration of the initial 45-day

period of the circumstances requiring the extension of time and the date by which the Plan expects to render a decision.

If an additional extension of time is necessary due to matters beyond the control of the Plan, this period may be extended for an additional 30 days (to a total of 105 days). The claimant will be notified prior to the expiration of the first 30-day extension period of the circumstances requiring the extension of time and the date by which the Plan expects to render a decision.

If an extension of time is due to the claimant's failure to submit the information necessary to decide a claim for a Disability Retirement, the claimant will be afforded at least 45 days within which to provide the specified information. The period for making the benefit determination will be tolled from the date on which the notification of the extension is sent to the claimant until the date on which the claimant responds to the request for additional information.

If an extension is necessary to consider a claim for a Disability Retirement, the notification of the extension will specifically provide: (1) an explanation of the standards on which entitlement to a benefit is based; (2) the unresolved issues that prevent a decision on the claim; and (3) the additional information needed to resolve the issues.

- (d) If a claim is not acted upon within the time limits provided by this Section, the claimant may proceed to the appeal procedures.
- (e) The claimant may appeal to the Board of Trustees for a review of the denial. The notice of appeal must:
 - (1) be in writing;
 - (2) state in clear and concise terms the reason or reasons for disputing the denial;
 - (3) be accompanied by any relevant documentary material not already furnished to the Plan; and
 - (4) in the case of a denial of a Disability Retirement, be filed by the claimant or his duly authorized representative with the Administrator of the Trust within 180 days after receipt of notice of a denial, and in the case of all other adverse determinations, within 90 days after receipt of notice of the determination.

The failure to file a notice of appeal within the time period prescribed constitutes a waiver of the claimant's right to review of the denial.

The petitioner or his/her duly authorized representative shall be permitted to review relevant documents and submit issues and comments in writing.

(f) The appeal will be conducted by the Board of Trustees, or by the Appeals Committee of the Board of Trustees which has been allocated the authority for making a final decision in connection with the appeal.

The Trustees will review a properly filed appeal at the next regularly scheduled quarterly meeting of the Appeals Committee, unless the request for review is received by the Trustees within thirty (30) days preceding the date of such meeting. In such case, the appeal will be reviewed no later than the date of the second quarterly meeting following the Trustees' receipt of the notice of appeal, unless there are special circumstances requiring a further extension of time, in which case a benefit determination will be rendered not later than the third quarterly meeting of the Appeals Committee following the Trustees' receipt of the notice of appeal. If such an extension of time for review is required because of special circumstances, such as a request for a hearing on the appeal, then prior to the commencement of the extension, the Plan will notify the claimant in writing of the extension, describe the special circumstances and the date as to which the benefit determination will be made.

The claimant must introduce sufficient credible evidence on appeal to establish, *prima facie*, entitlement of the relief from the decision or other action from which the appeal is taken. The claimant will have the burden of proving his right to relief from the decision or action appealed, by a preponderance of evidence. The Trustees will review all comments, documents, records and other information submitted by the claimant related to the claim, regardless of whether such information was submitted or considered in the initial benefit determination. The Trustees will not afford deference to the initial adverse benefit determination.

When deciding an appeal of a claim for a Disability Retirement that is based in whole or in part on a medical judgment, the Trustees will consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment. Any medical or vocational expert whose advice was obtained on behalf of the Plan in connection with the adverse benefit determination will be identified to the claimant. Any health care professional engaged for the purpose of a consultation will not be an individual who was consulted in connection with the initial adverse benefit determination that is the subject of the appeal, nor the subordinate of any such individual.

(g) The Trustees will issue a written decision on review as soon as possible, but not later than five days after the determination is made. The decision will include:

- (1) the specific reasons for the decision, written in a manner calculated to be understood by the claimant and including identification of missing information, if any;
- (2) specific references to relevant Plan provisions on which the decision is based;

- (3) a statement that the 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 the claimant's claim for benefits;
- (4) a statement of the claimant's right to bring a civil action under ERISA § 502(a); and
- (5) in the case of a claim for Disability Retirement, if an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or other similar criterion, or a statement that such a rule, guideline, protocol, or other similar criterion was relied upon in making the determination and that a copy of the same will be provided free of charge to the claimant upon request.

(h) Following issuance of the written decision of the Trustees on an appeal of a claim, there is no further right of appeal to the Trustees or right to arbitration. Instead, the claimant may bring a civil action under ERISA § 502(a). The question for consideration by the Court will be whether, in the particular instance:

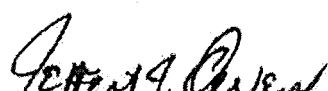
- (1) the Trustees were in error upon an issue of law,
- (2) the Trustees acted arbitrarily or capriciously in the exercise of their discretion, or
- (3) the Trustees' findings of fact were supported by substantial evidence.

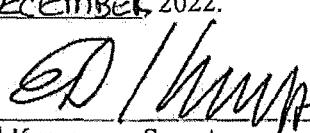
Each party is responsible for its own attorney fees and expenses of litigation. A claimant shall be required to exhaust his/her remedies under the provisions of this Article XIII, Section 13.06, as a condition precedent to the commencement of any suit.

(j) The provisions of this Section shall apply to and include any and every claim or right asserted under the Plan or against the Trust, regardless of when the act or omission upon which the claim is based occurred, and regardless of whether or not the claimant is an "Employee" or "Beneficiary" of the Plan within the meaning of those terms as defined in ERISA and

All provisions of the Plan not modified by this Amendment No. 5 remain in full force and effect.

Approved and dated this 7th day of December, 2022.


Jeffrey J. Owen


Ed Kimmers, Secretary