

AMENDMENT NUMBER 32
GLAZING HEALTH AND WELFARE TRUST
SUMMARY PLAN DESCRIPTION
(Welfare Trust – Life Insurance Benefit Change – Effective Date July 1, 2022)

This Amendment No. 3 ("Amendment 3") to the Glazing Health and Welfare Trust Summary Plan Description (defined therein as "Plan Document") is approved and adopted as of the Effective Date, by the Board of Trustees of the Glazing Health and Welfare Trust ("Welfare Trust").

Life Insurance and AD&D Benefits, shall be amended to add the underlined text and to strike out the **bolded text**, as follows:

LIFE INSURANCE AND AD&D BENEFITS
(Actives and Retirees)
Underwritten by MetLife

Life Insurance

Life Insurance Amount

In the event of your death, \$10,000* \$15,000* will be paid to your Beneficiary.

* Reduced to \$5,000 at age 70.

Dependent Life Insurance Amount (Coverage ceases upon death of Employee or Retiree)

Spouse	<u>\$5,000</u> <u>\$15,000</u>
Child 15 days to six months old:	— \$100
Child more than six months old:	— \$2,500
Child limiting age: 26 years of age	
<u>Dependent through age 12:</u>	<u>\$2,500</u>
<u>Dependent age 13-26:</u>	<u>\$7,500</u>

Conversion Privilege

~~If your life insurance Benefit is terminated or reduced, you are entitled to convert all or a portion of the insurance to an individual life insurance policy. You will not be required to submit proof of good health in order to convert. If you wish to apply for individual life insurance, contact the Trust Administrative Office for further information.~~

- ~~• If you lose Eligibility under this Plan, you can convert up to the amount of insurance which was terminated, less any amount for which you become eligible under this Plan or another group policy within 31 days from the date you lost Eligibility.~~
- ~~• If your life insurance is reduced because you reach age 70, you may convert up to the amount of the reduction.~~
- ~~• If this life insurance policy is terminated by the Plan, or is amended so that Coverage for your class is eliminated, you may convert up to \$2,000 of life insurance, provided~~

~~you have been continuously insured under the Plan for at least five (5) years. You must do so within 31 days of loss of Coverage.~~

~~The premium charged for your individual life policy will be based on the rates in effect at that time for a person in your risk category.~~

~~If you should die during the 31 days following your loss of Eligibility, your life insurance amount will be paid to your Beneficiary, whether or not you have applied for an individual policy.~~

Waiver of Premium

~~If you become Totally Disabled while you are covered under the Plan and prior to attaining age sixty (60), you may apply to continue your life insurance without payment of premium as long as you remain Totally Disabled.~~

~~Total Disability or Totally Disabled means your complete inability, due to Injury or Sickness, to engage in any business, occupation or employment for which you are qualified or become qualified by reason of education, training, or experience for pay, profit, or compensation.~~

~~The initial period of Coverage will be for 12 months from the date premium payments on your behalf cease, but in no event longer than 24 months from the date Total Disability began. To continue Coverage beyond that, you must submit satisfactory written proof (the "Initial Proof") of Total Disability within 12 months from the date premium payments on your behalf cease; but in no event more than 24 months from the date of Total Disability began. Initial Proof must show that the Total Disability began while you were covered under the policy, that you were less than sixty (60) years of age at the onset of the Disability, and that the Disability has continued for at least nine months.~~

~~The waiver of premium may be continued in 12-month increments if proof of Disability is submitted each year. MetLife has the right to have you examined at its own expense by a Doctor of its choice during the course of your Disability.~~

Accidental Death and Dismemberment Benefit (AD&D)

This Benefit will be payable if, while insured, you sustain any of the losses listed below as a direct result of an accidental Injury. For Benefits to be payable, the loss must be independent of all other causes and take place within 90 days from the date of the accident.

Benefits

FOR LOSS OF:

THE BENEFIT IS:

Life.....	\$10,000	\$15,000
Two Feet.....		\$10,000

Two Hands.....	\$10,000
Sight of Two Eyes	\$10,000
One Hand and One Foot	\$10,000
One Hand and Sight of One Eye	\$10,000
One Foot and Sight of One Eye.....	\$10,000
One Hand or One Foot.....	\$5,000
Sight of One Eye.....	\$5,000

If you suffer more than one loss in any one accident, payment will be made only for that loss for which the largest amount is payable.

Who Will Receive Benefits

For loss of life, Benefits will be paid to the Beneficiary you name. For any other loss, the Benefits will be paid to you.

If no Beneficiary has been designated, or if a designated Beneficiary dies before the benefit is paid, the benefit shall be paid to one (1) or more of the following surviving relatives: lawful spouse, child or children, including legally adopted children, mother, father, brothers and sisters or the Employee's estate, as the Board of Trustees in its sole discretion may designate. Any payment in accordance with this provision shall discharge the obligation of the Plan hereunder to the extent of such payment.

Definitions

1. The loss of hand or foot means that the limb is completely severed at or above the wrist or ankle joint, respectively.
2. Loss of sight means the total and irrecoverable loss of sight.

Losses that are not Covered

No Benefit is payable under this section if your death or any loss is caused directly or indirectly, wholly or partly, by:

1. ~~bodily or mental illness, or disease of any kind;~~
2. ptomaine or bacterial infections (except infections caused by pyogenic organisms which occur with and through an accidental cut or wound);
3. suicide or attempted suicide while sane or insane;
4. intentional self-inflicted Injury
5. participation in, or the result of participation in, the commission of an assault, or a felony, or a riot, or a terrorist act, or a civil commotion;

5. war or an act of war, whether declared or undeclared, or any act related to war or insurrection;
6. service in any military, naval or air force of any country while such country is engaged in war; or
7. police duty as a member of any military, naval, or air organization.
8. The cause of the individual's death is by either being under the influence of drugs and/or alcohol above the legal limit.

Beneficiary

You may name anyone you wish as your Beneficiary. You may change your Beneficiary at any time by completing the proper form. The change will be effective when the form is received by the Trust Administrative Office.

How to File a Claim

Proof of Claim will include a copy of the covered individual's death certificate and any other data that the Claims Administrator may require to establish the validity of the claim. You should submit the claim to the Trust Administrative Office.

Claim forms for AD&D Benefits can be obtained from the Trust Administrative Office. The claim form along with the proof of loss, including documentation regarding the nature of the loss and date of the loss, should be submitted to the Trust Administrative Office. The Trust Administrative Office will notify the claimant if any additional information is needed in order to process the claim.

Exclusions

No death benefits will be paid if:

- (1) The individual dies while committing or attempting to commit a felony or other illegal activity, or
- (2) Dies as a result of war, whether declared or undeclared, or insurrection,

~~The Trust Administrative Office will submit the complete claim to MetLife.~~

Appeal Process

~~A claimant, or the claimant's authorized representative, cannot start any legal action with respect to a claim until 60 days after the proof of claim has been presented, but not more than three (3) years from the time that the proof of claim is required.~~

Issues related to rival claimants for proceeds are referred to the Legal Department of MetLife for handling. Otherwise, a claim determination, Benefit denial or other matters related to the administration of the policy may be appealed, if disputed by an insured or Beneficiary or representatives of such persons. MetLife Claims Examiner immediately shall forward the claim file and an explanation of the dispute to the Manager of Life Claims Department. If the Manager is unable to resolve the matter, the claim will then be reviewed by the Vice President for Group Operations, the Vice President for Underwriting, the Legal Department, and, if necessary, the Medical Director to determine appropriate action. The consensus recommendation of those individuals shall be provided to the Manager for implementation after their receipt of the claim information.

A first denial by the Company can be further appealed by the Insured or Beneficiary in accordance with the ERISA claims appeals procedure available through the Trust.

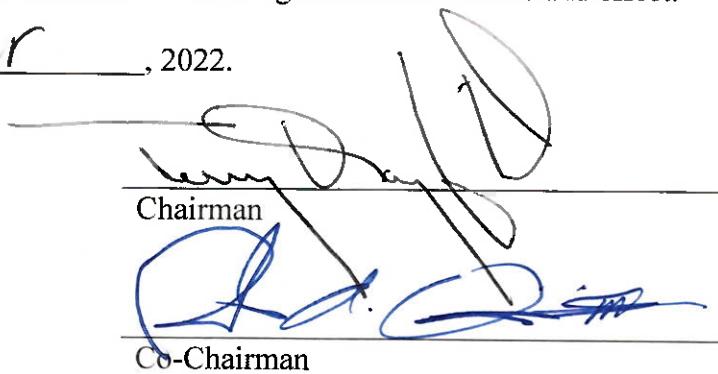
The address for all correspondence regarding claims and appeals is:

**MetLife
Group Life Claims
P.O. Box 6100
Scranton, PA 18505-6100**

The above explanations of life insurance and AD&D insurance Benefits, policies, and procedures is only a brief summary of the provisions of the contract. Please see your Evidence of Coverage provided by MetLife for complete details.

All other terms and conditions of the Plan shall remain unchanged and in full force and effect.

Dated this 28 day of October, 2022.



Handwritten signatures of the Chairman and Co-Chairman are placed over a horizontal line. The Chairman's signature is in black ink and the Co-Chairman's signature is in blue ink. Both signatures are cursive and appear to be identical.