

**BRICKLAYERS AND MASONS' LOCAL UNION NO.5, OHIO  
HEALTH AND WELFARE FUND  
SUMMARY OF MATERIAL MODIFICATION (SMM)**

**To: Members of the Bricklayers and Masons' Local Union No.5, Ohio Health and Welfare Fund**

This Notice is being provided to you to explain certain changes being made to the Bricklayers and Masons' Local Union No.5, Ohio Health and Welfare Fund ("Fund"). Please keep this Notice with your Summary Plan Description to be certain you understand the benefits available under your Plan.

This SMM is effective April 1, 2018, and describes changes and clarifications to the claims and appeals procedure. Please attach this document to your SPD for future reference.

***Medical Claims Denials***

- Your denial notification must include:
  - The specific reason or reasons for denial;
  - Reference to the specific plan provisions on which the determination is based;
  - A description of any additional material or information needed
  - A description of the plan's review procedures and the time limits
  - The rules relied upon in denying your claim. You can request copies of Plan documents and other information about your claim free of charge.
  - If applicable, the scientific or clinical judgment for the denial that applies the terms of the Plan to your medical circumstances.

***Disability Claims***

The Trustees reserve the right to request additional documentation or information regarding your sickness or accident prior to approving the disability benefit.

***Disability Claims Denials***

- If your disability claim is denied, you must be notified within 45 days of the receipt of your application.
- Your denial notification must include:
  - The specific reason or reasons for denial;
  - Reference to the specific plan provisions on which the determination is based;
  - A description of any additional material or information needed
  - A description of the plan's review procedures and the time limits
  - An explanation of why the Plan disagreed with the Social Security Administration, your health professional, and/or medical or vocational experts whose advice was obtained on behalf of the Plan.
  - The rules relied upon in denying your claim. You can request copies of Plan documents and other information about your claim free of charge.

- If applicable, the scientific or clinical judgment for the denial that applies the terms of the Plan to your medical circumstances.

### ***Appealing a Disability Claim Denial***

- Rescissions (a retroactive cancellation of disability benefits) are appealable.
- You have 180 days from the date of the denial of your claim to file an appeal.
- If the Plan obtains new evidence on your claim during the appeal, you will be provided with the evidence automatically, free of charge, and will have the right to respond to the new evidence.
- Generally, the appeal will be considered at the Trustee's quarterly meeting. You will be notified of the Trustee's decision within 5 days of the decision being made.
- The notification of the decision will contain all of the information listed in the section above in addition to a description of your right to bring an action under Section 502(a) of ERISA and the time limits to bring the action.

### ***Statute of Limitation***

There is now a 3-year statute of limitations to bring a civil action against the Plan. If you do not bring an action within this period, you will be forever barred from pursuing the matter further.

Sincerely,

The Board of Trustees  
Bricklayers and Masons' Local Union No. 5,  
Ohio Health and Welfare Fund