TWELFTH AMENDMENT

Pursuant to the powers conferred upon them by Section 1(B) of Article V of the restated Agreement and Declaration of Trust (effective June 1, 2002) to adopt and from time to time amend, modify or otherwise change the Health and Welfare Plan, the Board of Trustees, meeting on the 7th day of November, 2018 amended the Bricklayers and Allied Craftworkers Local No. 3 Health and Welfare Plan as follows, to be effective immediately, and authorized the Chairman and Secretary to authenticate the same by affixing their signatures below:

1. Amended Part 1, Section 2.01 to read as follows:

2.01 Initial Eligibility Qualifications

(1) You become eligible for benefits when you complete 360 hours of covered work under a Collective Bargaining Agreement for an Employer who makes all required contributions to the Plan on your behalf. Once eligible for benefits you will be sent an enrollment card that is to be completed and returned to the Plan.

(2) Your eligibility starts on the first day of the second month following the month in which you have completed 360 hours during the previous six-month period (provided your employer has made required contributions). For example, if you start working for a contributing Employer on January 1, and you complete 360 hours of work on March 31, you are eligible to participate as of May 1.

(3) You must work a minimum of one hundred twenty (120) hours per month to maintain eligibility, and your employer must make the required contributions. Any hours over 120 hours that you work during a month are accumulated in a reserve account.

(4) The Board of Trustees may, in its sole discretion, approve entry of newly-organized bargaining units with an advance of hours to Participants' reserve accounts, based on the specific facts and circumstances of each case.

2. Amended Part 1, Section 4.01(1)(a) to state as follows:

4.01 Eligible Dependent Coverage

(1) (a) For new participants, your Eligible Dependent's coverage becomes effective on the same date as your coverage, provided he or she has been properly enrolled as a dependent. After initial enrollment, whenever you acquire a new Eligible Dependent through marriage, registration of a Domestic Partner, birth or adoption, you need to advise the Administration Office and properly enroll him/her in your medical plan no later than 30 days (or 60 days, as applicable) after the marriage, registration of Domestic Partnership, birth or placement for adoption. Failure to do this may mean a lapse in your
Eligible Dependent's coverage. Newly-acquired dependents because of birth, adoption, or placement for adoption become eligible the date of the birth, adoption, or placement for adoption. Newly-acquired dependents because of marriage or registration of a Domestic Partnership become eligible for benefits on the first day of the month after they are properly enrolled as dependents. Unless you terminate coverage for your Eligible Dependents under paragraph (b) below, your Eligible Dependent's coverage ends on the same date your coverage ends or when he or she is no longer an Eligible Dependent. However, if you should die while covered under this Plan, your covered Eligible Dependents will continue to be covered at no charge until the expiration of the coverage available under your reserve account. Thereafter, they may be eligible for Continuation Coverage under the COBRA provisions of the Plan.

3. Amended Part 1 to add the following new Section 4.05:

4.05 Special Enrollment

If you decline enrollment for yourself or your Eligible Dependents (including your Spouse) because of other health insurance or group health plan coverage, you may in the future be able to enroll yourself or your Eligible Dependents in this Plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your Eligible Dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Eligible Dependents may be enrolled in the Plan if they lose eligibility under Medicaid or a State Sponsored Children’s Health Insurance Plan and/or upon becoming eligible for a special premium assistance subsidy under Medicaid or a State Sponsored Children’s Health Insurance Plan. You must file your enrollment form with the Administration Office within 60 days of your Eligible Dependent losing coverage under Medicaid or a State Sponsored Children’s Health Insurance Plan or within 60 days of your Eligible Dependent becoming eligible for premium assistance under Medicaid or a State Sponsored Children’s Health Insurance Plan.

IN WITNESS of the adoption of this amendment, the Chairman and Secretary hereby subscribe their names, on the dates indicated.

Date: 11-7-2018

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO. 3
HEALTH AND WELFARE PLAN
(As Revised July 1, 2015)
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