SUMMARY OF MATERIAL MODIFICATION
IMPORTANT INFORMATION ABOUT YOUR PENSION BENEFITS

May 2018

Dear Active Participant:

As Trustees of the I.B.E.W. Local 701 Electrical Workers Retirement Savings Fund (the "Plan"), we are committed to ensuring the Plan remains financially secure and positioned to meet current and future pension obligations. In response to recent legislative changes, this notice explains the new procedures for claims and appeals related to disability pension applications filed on or after April 1, 2018, as well as retroactive terminations of disability pensions occurring on or after April 1, 2018. The notice also details new time limitations and venue provisions for pursuing review of plan actions in court. Please keep this notice with your Summary Plan Description (SPD) and other important Plan documents for reference.

Claims and Appeals Procedures for Disability Pensions and Provisions for Retroactive Terminations of Disability Pensions

Applications for Disability Pensions and Retroactive Terminations of Disability Pensions
You must complete the application form and submit it to the Trustees. The Trustees will approve or deny your application. Unless an extension applies, the Trustees will inform you of their initial decision within 45 days of the date your written application is received.

This initial decision timeframe may be extended for up to two periods of 30 days each, if extra time is needed due to circumstances beyond the Plan's control (for example, there is a delay in receiving medical information from the physician or other provider).

If additional information is needed from you, the Trustees will request it from you in writing within the initial 45-day period. You then have 45 days to obtain the requested information (the 45-day period that the Trustees have to make a decision begins on the day the requested information is received or on the last day of the 45-day period in which you have to provide the requested information). If you do not provide the requested information, your application for a disability pension (or any retroactive termination of a disability pension) is denied within 30 days of your deadline.

Notice of Adverse Determinations
If your application for a disability pension benefit is denied, in whole or in part, you will receive a written notice of the denial from the Trustees that includes the following information.

- The specific reason or reasons for the adverse determination.
- Reference to the specific Plan provision on which the determination is based.
- A description of any additional information that might complete your claim and why this information is necessary.
- A description of the Plan's review procedures and applicable time limits.
- A statement of your right to bring a civil action under ERISA Section 502(a) of the Act, including the Plan's applicable time limits for pursuing such action and the date such limits expire.
- Any internal rule, guideline, protocol, or other similar criteria that the Plan relied upon to make the adverse determination; or a statement that such rule, guideline, protocol, standard, or other similar criteria of the Plan do not exist.

- If the adverse benefit determination is based on a medical necessity or experimental treatment, or a similar exclusion or limit—either an explanation of the scientific or clinical judgement for the determination (applying the Plan's terms to your medical circumstances), or a statement that such an explanation will be provided free of charge upon request.
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to (and copies of) all documents, records, and other information relevant to your claim for benefits.
- An explanation of the basis for disagreeing with or not following:
    - The views you presented to the Plan of the health care and vocational professionals who treated and evaluated you;
    - The views of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with your adverse benefit determination, regardless of whether that advice was relied upon in making the benefit determination; and
    - A disability determination made by the Social Security Administration that you presented to the Plan.

In addition, the Plan must provide notices and requests in a culturally and linguistically appropriate manner.

Please Note: The above applies for retroactive terminations of disability pensions that occur on or after April 1, 2018.

Filing an Appeal

To file a written appeal with the Trustees, you have up to 180 days after you receive a notice that your claim is denied or that your disability pension has been retroactively terminated. You may authorize—in writing to the Trustees—a representative to act on your behalf in this matter. The Trustees may delegate their responsibilities to a committee or individuals, including an appeals review committee, and the review will not be made by anyone involved in the initial determination (or anyone subordinate to an individual involved in the initial determination).

If you file a timely written appeal, you

- May submit additional materials, including any comments, statements, or documents.
- May review all relevant information, free of charge, by making a reasonable request to the Trustees. A document, record, or other information is relevant if it:
    - Was relied upon by the Plan to make the decision;
    - Was submitted, considered, or generated as part of the appeal process (regardless of whether it was relied upon); or
    - Demonstrates compliance with the claims processing requirements.

The Appeal Process—A Full and Fair Review on Appeal

The Trustees consider all comments, documents, records, and other information submitted or considered in the initial determination; as well as all subsequent comments and records you submit with your appeal. The appeal cannot defer to the initial claim determination.

If the initial determination is based on medical necessity or appropriateness, the Board of Trustees (or appeals committee) must consult with a medical professional who is not the same person (or his/her subordinate) who was consulted with during the initial review of your claim.

The Trustees will make a determination on your appeal within 45 days after the Trustees' receipt of your written appeal. The Trustees review all comments, documents, records, and other information you submit related to your claim, regardless of whether you submitted such information—or such

information was considered—in the initial determination. You receive a written notice of the Trustees' decision, which sets forth the specific reasons for the decision as well as references to the pertinent Plan provisions on which the decision is based. If special circumstances require a delay in the 45-day decision period, the Trustees will notify you in writing of the reason for the extension and do so within the initial 45-day period. A delayed decision on your appeal is made as soon as possible, but no later than 90 days after receipt of the appeal.

If Your Appeal is Denied

If your appeal is denied, in whole or in part, you will receive the Trustees' written decision that includes the following information.

- The specific reason or reasons for the decision.
- Reference to the specific Plan provision on which the decision is based.
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to (and copies of) all documents, records, and other information relevant to your claim.
- A statement of your right to bring a civil action under ERISA Section 502(a) of the Act, including the Plan's applicable time limits for pursuing such action as well as the date upon which such limits expire.
- A description of the Plan's additional voluntary appeal procedures (if any).
- Any internal rule, guideline, protocol, or other similar criteria that the Plan relied upon to make the adverse determination; or a statement that such rule, guideline, protocol, standard, or other similar criteria of the Plan do not exist.
- If the adverse benefit determination is based on a medical necessity or experimental treatment, or a similar exclusion or limit—either an explanation of the scientific or clinical judgement for the determination (applying the Plan's terms to your medical circumstances), or a statement that such an explanation will be provided free of charge upon request.
- An explanation of the basis for disagreeing with or not following:
    - The views you presented to the Plan of the health care and vocational professionals who treated and evaluated you;
    - The views of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with your adverse benefit determination, regardless of whether that advice was relied upon in making the benefit determination; and
    - A disability determination made by the Social Security Administration that you presented to the Plan.

In addition, the Plan must provide the notification in a culturally and linguistically appropriate manner.

Before the Trustees issue a denial on an appeal, the Trustees will provide you—free of charge—with any new or additional rationale or evidence considered, relied upon, or generated by the Plan, insurer, or by any other person making the benefit determination. This information is provided as soon as possible and sufficiently in advance of the date on which the notice of your appeal denial is required to be provided to you. This is to give you a reasonable opportunity to respond to this evidence prior to the notification date.

Limitation Period and Required Venue Provisions for Judicial Actions

The Plan has added provisions that judicial actions affecting the Plan or Trustees must be brought in the United States District Court for the Northern District of Illinois, Eastern Division, within one year of either the date of final decision under the Plan's appeal procedures, the date a final decision was required under the appeals procedures if no final decision was made or the date of final Trustee action in a matter not involving a claims appeal. Information regarding this time period and the date the time

period expires will be included in all notices of adverse benefit determinations provided by the Plan, both from the Fund Office and on review by the Trustees. The Plan also provides that the standard for review shall be whether the Trustees acted arbitrarily and capriciously.

Conclusion

See your Summary Plan Description (SPD) for additional information about the Plan. If you have any questions about these changes or Plan provisions in general, please call the Fund Office.

Sincerely,
The Board of Trustees