



BENEFITS UPDATE

August 2017

Changes to Retiree Health Care

The Trustees have made the following important changes to the Electrical Insurance Trustees Health and Welfare Plan for Employees of the Contractors' Association, Fund Office, Apprentice Schools and Union Office ("Plan") as described in the Summary Plan Description for the Plan, dated as of January 1, 2008.

This Benefits Update supplements the information contained in that Summary Plan Description. Please keep these documents together for your records and future reference. If you have any questions about the benefit changes described in this Benefits Update, please contact the EIT Benefit Funds Office at 312-782-5442.

Retiree Self-Pay Contributions

Due to the rising cost of health care and the steady decrease in the ratio of active participants to retirees, the Trustees made the difficult decision to amend the Administrative Plan to implement a retiree self-pay contribution. The Trustees believe that the implementation of a retiree self-pay contribution will help safeguard the long-term future of the Administrative Plan and help ensure the financial security of your benefits.

Effective January 1, 2018, you and each of your eligible dependents must pay the applicable monthly retiree self-pay contribution to continue to receive retiree health care benefits under the Administrative Plan. Please be aware the obligation to make a retiree self-pay contribution does not apply: (1) to surviving spouses; or (2) if your birth date is on or before January 1, 1938.

The amount of the monthly retiree self-pay contribution is determined by the Trustees and may be subject to change prospectively from time to time. The amounts of the monthly retiree self-pay contributions have been determined by the Trustees as follows for the time periods noted:

Amount of Monthly Retiree Self-Pay Contribution	Effective Date
\$25.00	January 1, 2018
\$50.00	January 1, 2019
\$75.00	January 1, 2020
\$100.00	January 1, 2021

Additionally, the amount of the monthly retiree self-pay contribution for you and your eligible dependents will decrease by fifty percent (50%) starting with the month following your or your eligible dependent's 80th birthday, as applicable.

The amount of the monthly retiree self-pay contribution for you and your eligible dependents will be automatically deducted from the monthly pension benefit payment you receive from the EIT Employees' Retirement Plan, the I.B.E.W. Local 134 Staff Plan and/or Pension Plan No. 2, provided you authorize the automatic deduction in writing on a form provided by the EIT Benefit Funds Office. This authorization is continuing and for an indefinite duration until and unless you revoke such authorization in writing to the Fund Office.

If the amount of the monthly retiree self-pay contribution for you and your eligible dependents exceeds your monthly pension benefit payment, then the amount of the required monthly retiree self-pay contribution for you and your eligible dependents is deemed to be the amount of your monthly pension benefit. Please be aware that if you do not contribute the required monthly retiree self-pay contribution for you and your eligible dependents, retiree health care benefits for you and your eligible dependents will be suspended until payment is received, and benefits will be retroactively reinstated only upon payment of **all** outstanding monthly retiree self-pay contributions.

Even if you and your eligible dependents are eligible for retiree health care benefits under the Administrative Plan, you or your eligible dependents may affirmatively elect to opt-out of retiree health care benefits by submitting the necessary documentation to the Fund Office. Please be aware that if you choose to opt-out of retiree health care benefits, your coverage under the Administrative Plan will terminate and you generally will not be allowed to opt back into the Administrative Plan at any time.

However, if you and/or your eligible dependents opt-out of the Administrative Plan because you and/or your eligible dependents were covered under another group health plan, then you may opt back into the Administrative Plan provided the following conditions are met:

- 1) There is no gap in coverage between the other group health plan and the Administrative Plan;
- 2) The other group health plan coverage is lost by reason of termination of employment, termination of plan, death or divorce (not including failure to pay premiums or otherwise opting out of coverage); and
- 3) The application to opt back into the Administrative Plan is made within sixty (60) days of the termination of the other group health plan coverage.

If you have any questions about the benefit changes described in this Benefits Update, please contact the EIT Benefit Funds Office.

IMPORTANT INFORMATION

This Benefits Update is intended to serve as a Summary of Material Modifications for the Electrical Insurance Trustees Health & Welfare Plan for the Contractors' Association, Fund Office, Apprentice Schools and Union Office. If any conflicts exist between the terms of this Benefits Update and the official Plan document, the terms of the official Plan document will control. The Trustees reserve the right to amend, modify or terminate the Health & Welfare Plan at any time. Receipt of this Benefits Update does not confer any eligibility or entitlement to any benefits under the Health & Welfare Plan.

Electrical Insurance Trustees Health & Welfare Plan for Employees of the Contractors' Association, Fund Office,
Apprentice Schools and Union Office
Employer Identification Number: 36-1033970
Plan Number: 501

August 2017

Nondiscrimination Notice Under Section 1557 of the Affordable Care Act

Discrimination Is Against the Law

The Electrical Insurance Trustees Health & Welfare Plans (the "Plans") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. The Plans do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

The Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters; and
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats); and
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters; and
 - Information written in other languages.

If you need these services, contact Mr. Sean P. Madix, the Civil Rights Coordinator.

If you believe that the Plans have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Mr. Sean P. Madix, Civil Rights Coordinator
Electrical Insurance Trustees Insurance Trust
Fund 221 N. LaSalle Street, Suite 200
312-782-5442 (main phone)
312-782-9765 (fax)
smadix@fundoffice.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Mr. Sean P. Madix, Civil Rights Coordinator, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human
Services 200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

The Plans include:

Electrical Insurance Trustees Health & Welfare Plan for Construction Workers Employer Identification Number: 36-1033970; Plan Number: 501

Electrical Insurance Trustees Health & Welfare Plan for Communication Members Employer Identification Number: 36-1033970; Plan Number: 510

Electrical Insurance Trustees Health & Welfare Plan for Building, Hotel, Sign and Maintenance Employees Employer Identification Number: 36-1033970; Plan Number: 502

Electrical Insurance Trustees Health & Welfare Plan for Office and Miscellaneous Employees
Employer Identification Number: 36-1033970; Plan Number: 501

Electrical Insurance Trustees Health & Welfare Plan for the Employees of the Contractors' Association, Fund Office, Apprentice Schools and Union Office
Employer Identification Number: 36-1033970; Plan Number: 501

Electrical Insurance Trustees Health & Welfare Participatory Plan
Employer Identification Number: 36-1033970; Plan Number: 501

Illinois Top 15 Languages

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-312-782-5442, ext. 214.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-312-782-5442, ext. 214.
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-312-782-5442, ext. 214.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-312-782-5442, ext. 214 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-312-782-5442, ext. 214.
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-312-782-5442, ext. 214
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-312-782-5442, ext. 214.
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુ ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલ ધ છે. ફોન કરો 1-312-782-5442, ext. 214.
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 312-782-5442, ext. 214
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-312-782-5442, ext. 214.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-312-782-5442, ext. 214.
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-312-782-5442, ext. 214 पर कॉल करें।
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-312-782-5442, ext. 214.
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-312-782-5442, ext. 214.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-312-782-5442, ext. 214.

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