



BENEFITS UPDATE

May 2019

Changes to your Pension Plan No. 5 Benefit

The Board of Trustees amended the Electrical Contractors' Association and Local Union 134, I.B.E.W. Joint Pension Trust of Chicago Pension Plan No. 5 (the "Plan"): (1) to permit partial lump sum distributions for distributions occurring on and after November 1, 2018; and (2) to adopt additional procedures for disability claims filed on or after April 1, 2018, in compliance with the updated disability claim procedures issued by the U.S. Department of Labor.

This Benefits Update describes in further detail these important changes made to the Plan. This document should be kept together with the Plan's Summary Plan Description ("SPD") in your records and for future reference.

Partial Lump Sum Distributions

Effective for distributions occurring on and after November 1, 2018, a participant, if eligible to take a distribution from the Plan, may elect to receive a partial lump sum of a portion of his or her account under the Plan, in an amount elected by the participant with the remaining balance payable subject to the distribution provisions of the Plan. Such participant may elect to receive a partial lump sum distribution from his or her account under the Plan up to 4 times in any rolling 12-month period. Note that the partial lump sum distribution is an optional form of payment that the participant must elect in writing, and such election may require, if the participant is married, the written and notarized consent of the participant's spouse. For more information on distribution requirements generally and for an optional form of payment, please refer to the SPD or contact the Fund Office.

If you meet the requirements and wish to take a distribution from the Plan, please contact the Fund Office for the necessary paperwork.

New Disability Claim Procedures

Effective for disability claims filed with the Plan on or after April 1, 2018, the following additional procedures will apply. Please note that these requirements are in addition to the claims procedures already specified in the SPD.

If a disability claim is denied, in whole or in part, on initial review or on appeal, the written notice of denial will include:

- A discussion of the decision, including an explanation for disagreeing with or not following (as applicable): (1) the views presented by the claimant to the Plan of health care and vocational professionals who treated or evaluated the claimant; (2) the views of medical or vocational experts obtained on behalf of the Plan in connection with the adverse benefit determination, without regard to whether the advice was relied upon in making the adverse benefit determination; and (3) a disability determination by the Social Security Administration;

- If the denial is based on a scientific or clinical judgment, either an explanation of the scientific or clinical judgment applied to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request;
- Either the specific internal rules, guidelines, protocols, standards or other similar criteria the Plan relied upon in making the denial or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Plan do not exist;
- A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the applicant's claim for benefits; and
- For a notice of denial on appeal, a description of any contractual limitations period that may apply, including the calendar date on which the Plan's 90-day limit for filing suit expires.

The denial notice will be provided in a culturally and linguistically appropriate manner in accordance with the requirements described in the Department of Labor's Regulation §2560.503-1(o).

Before the Board of Trustees of the Plan ("Trustees") may issue a denial on appeal, the Plan must provide the claimant, free of charge with: (1) any new or additional evidence considered, relied upon, or generated by the Trustees; and (2) any new or additional rationale for the denial, if such rationale is a basis for the denial on appeal. The evidence or rationale will be provided as soon as possible and sufficiently in advance of the deadline for issuing a decision on appeal so that the claimant has a reasonable opportunity to respond prior to that deadline. If the additional information is provided to the claimant within 30 days of the next regular meeting of the Trustees, then the appeal determination will be postponed until the next following Trustees' meeting.

If a claimant fails to file a request for review according to the applicable claim procedures as set forth in this Benefits Update and the SPD, the claimant shall have no right to review and no right to bring action in any court, and the denial of the claim shall become final and binding.

If you should have any further questions regarding this Benefits Update, please call the Fund Office at 312-782-5442. If you file a claim, please be sure to review the current SPD for the applicable review periods and additional procedures. Full details are contained in the SPD and the Plan document, which establishes the provisions of the Plan. The Trustees reserve the right to amend, modify, or terminate the Plan at any time and from time to time. Receipt of this Benefits Update does not confer or guarantee eligibility for benefits.

This Benefits Update is intended to serve as a Summary of Material Modifications and it is written in non-technical terms. If any conflicts exist between the terms of this Benefits Update and the Plan documents, the terms of the Plan documents shall govern and no benefits shall exist under this Benefits Update unless such benefits exist under the terms of the Plan. Receipt of this Benefits Update does not confer any eligibility or entitlement to any benefits under the Plan.

SUMMARY OF MATERIAL MODIFICATIONS

EIN: 51-6030753; Plan No. 005

May 2019