

**AMENDMENT NO. 2 TO THE  
SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS'  
ANNUITY PLAN DOCUMENT DATED AUGUST 1, 2014**

WHEREAS, pursuant to the provisions of Section 9.1 of the Southern Illinois Laborers' and Employers' Annuity Plan Document, the Board of Trustees possess the right to amend the Plan from time to time, and as needed to fulfill the purposes of the Plan and Restated Agreement and Declaration of Trust;

WHEREAS, this amendment is adopted to comply with the United States Department of Labor's newly promulgated disability claims regulations. Accordingly, this amendment is effective on the date specified in the regulation (*i.e.*, *April 1, 2018*). If the effective date of the disability claims regulations is delayed or postponed, then the effective dates specified below shall automatically be extended to the new effective date established by regulation. In the event that the United States Department of Labor withdraws or revises the disability claims regulations, then this amendment shall be deemed automatically rescinded by the Trustees.

NOW THEREFORE, the Board of Trustees hereby elect to amend the Plan subject to the conditions specified above:

**SECTION 13.3 CLAIMS AND APPEALS**

The Claims Procedure hereunder shall be as provided herein:

**(a) Claims**

A Participant or Beneficiary or other person who believes that he is entitled to a distribution (hereinafter referred to as "Claimant") may file a written request for such benefit with the Trustees or the person designated by the Trustees in advance of the Distribution Date. To be timely for this purpose, an application need not be formally completed provided it gives notice to the Board of the applicant's intention to retire and desire to receive a distribution.

The Trustees or its designee shall decide a claim and give the Claimant written notice of the decision within ninety (90) days after the claim is filed. This 90-day period may be extended up to 90 additional days, provided the Trustees gives the Claimant notice of the reasons that justify the delay and the anticipated length of the delay. With respect to claims

for disability benefits, the decision will be made within 45 days, with up to a total of 60 days' extension. If additional information is required to decide the claim, the Trustees will notify the Claimant, and he will have 45 days to provide such information.

In the event the Plan denies a claim, in whole or in part, the notice of the denial furnished to the Claimant shall set out the following:

- (1) The specific reason or reasons for the denial;
- (2) Reference to the specific Plan provision on which the determination was based;
- (3) A description of any additional material or information necessary for the Claimant to perfect the claim and an explanation of why such information is necessary; and
- (4) A description of the Plan's review procedure and time limits applicable to such procedures, including the Claimant's right to bring a civil action under ERISA following an adverse determination on review.

With respect to the denial of a claim for disability benefits filed before April 1, 2018, a description of any internal rule, guideline, protocol, or other similar criterion relied upon and a statement that a copy of such rule, guideline, protocol or criterion will be provided to the Claimant free of charge upon request; and to the extent such decision was based on medical considerations, an explanation of the reasons applying the terms of the Plan to the Claimant's medical circumstances or a statement that such an explanation will be furnished free of charge, to the Claimant upon request.

- (5) With respect to a claim for disability benefits filed on or after April 1, 2018, the notice of denial will also include:
  - (a) The specific rule, guideline, protocol, or other similar criterion, if any, relied upon in making the determination or alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria does not exist;

- (b) An explanation of the clinical or scientific judgment for the determination, applying the terms of the plan to your medical circumstances, or a statement that such explanation will be provided free of charge upon request;
- (c) A discussion of the decision, including an explanation of the basis for (i) disagreeing with the views of any health care professional who treated you or vocational professionals who evaluated the claim, when you present those views to the Plan (if applicable); (ii) disagreeing with the view of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claimant's denial, without regard to whether the advice was relied upon in making the benefit determination (if applicable); and (iii) disagreeing with the view of any disability determination made by the Social Security Administration (if applicable);
- (d) A statement that you have the right to receive, upon request and free of charge, reasonable access to and copies of all relevant documents, records, and other information to your claim for benefits;
- (e) A statement of your right to present evidence and testimony in support of your claim during the appeal/review process;
- (f) A statement that before the Plan can issue an adverse benefit determination on review of a disability claim, the Plan will provide you, free of charge, with any new or additional evidence considered, relied upon, or generated by the Plan in connection with the claim. The evidence must be provided as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination on review is required to be provided under the Plan to give you a reasonable opportunity to respond prior to that date; and
- (g) A statement that before the Plan can issue an adverse benefit determination on review of a disability claim based on a new or additional rationale, the Plan shall provide you, free of charge, with the rationale. The rationale must be provided as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination on review is required to be provided under the Plan to give you a reasonable opportunity to respond prior to that date;
- (h) A statement of your rights under the Employee Retirement Income Security Act of 1974 ("ERISA") to bring a civil action; and

- (i) If applicable, the notice will be provided in a culturally and linguistically appropriate manner in the predominant non-English language spoken where you live.

(b) **Appeals**

The Claimant shall have 180 days to submit a written appeal to the Board of Trustees after receiving the written notice described above. The written appeal must be submitted to:

Board of Trustees of the Southern Illinois Laborers' and Employers' Annuity Fund  
5100 Ed Smith Way, Suite A  
Marion, Illinois 62959

The Claimant may submit additional documents and information and shall be provided, upon request and free of charge, copies of documents and information relevant to his claim. The Trustees' review shall take into account all comments, records, and information submitted by the Claimant in connection with the original claim and with the appeal. With respect to claims for disability benefits that are denied based upon medical reasons, the Trustees shall not defer to the original decision maker, shall have the decision on appeal made by a named fiduciary who is neither the original decision maker nor his subordinate, shall consult with a health care professional who was not consulted in connection with the original decision and is not the subordinate of a professional who was consulted, and who has the experience and training in the field of medicine involved in the decision, and shall identify the experts whose advice was obtained in connection with the original decision.

The Board of Trustees shall decide the Claimant's appeal and provide the Claimant with written notice of the decision within 60 days after it is received. This time period may be extended for up to 60 days provided the Trustees notify the Claimant of the reason for and the length of the extension. The decision on appeal with respect to disability claims will be made within 45 days with the possibility of up to a 45-day extension. If the appeal is denied in whole or in part, the Trustees shall provide the Claimant with written notice of their decision. That notice shall include the same classes of information as the original denial. With respect to disability benefit appeals filed on or after April 1, 2018, the written notice of decision from the Board of Trustees will include:

- (1) The specific reason(s) for the denial;
- (2) Reference to the specific plan provisions on which the benefit determination is based;
- (3) A statement that you have the right to request a free copy of all documents, records and information relevant to your appeal;
- (4) The specific internal rule, guideline, protocol, standard, or other similar criterion, if any, relied upon in making the determination or alternatively, a statement that such rules, guidelines, protocols, standards, or other similar criteria does not exist;
- (5) An explanation of the scientific or clinical judgment for the determination of the adverse benefit determination or a statement that such explanation will be provided free of charge upon request;
- (6) An explanation for: (i) disagreeing with the views of any health care professional who treated you or vocational professionals who evaluated the claim, when you present those views to the Plan (if applicable); (ii) disagreeing with the view of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claimant's denial, without regard to whether the advice was relied upon in making the benefit determination (if applicable); and (iii) disagreeing with the view of any disability determination made by the Social Security Administration (if applicable);
- (7) That you may bring a civil action suit under Employee Retirement Income Security Act of 1974 (ERISA);
- (8) Any Plan imposed timeline for filing a lawsuit pursuant to your right under ERISA section 502(a) and the specific expiration date for bringing suit; and
- (9) If applicable, notice will be provided in a culturally and linguistically appropriate manner in the predominant non-English language spoken where you live.

The Trustees' decision on an appeal is final and binding. No lawsuit or other action against the Plan or its Trustees may be filed until the matter has been submitted for review under these Claims and Appeals Procedures. Any lawsuit arising from or concerning the denial, in whole or in part, of any person's claim for benefits under this Plan must be filed no later than two years following the date of the Trustees' written notice of their action, or the action of another fiduciary on the Claimant's appeal.

*IN WITNESS WHEREOF*, the Trustees have executed this amendment on the 14<sup>th</sup> day of February, 2018 to be effective as of April 1, 2018.

**TRUSTEES**

Management Trustees

J. M. McPhail Jr.  
Laura S. Wilson  
[Signature]  
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Union Trustees

[Signature]  
Flint B. Taylor  
Kedney Masterson  
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