

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH & WELFARE FUND

5100 Ed Smith Way, Suite A • Marion • Illinois 62959 • (618) 998-1300

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Summary of Material Modifications

It is the intention of the Board of Trustees of your Welfare Fund to change benefits from time to time when the financial soundness of the Fund requires, and at other times to comply with changes to the Federal law. This Summary of Material Modifications contains important information about deadlines applicable to the Fund's self-contribution program available to you and your family.

Self-Contribution Payment Deadline

Self-contribution notices are mailed by the Fund Office to eligible Employees in advance of the start date of the applicable eligibility quarter. The self-contribution notice will instruct you to return the self-contribution to the Fund Office within twenty (20) days. Please be aware that any self-contributions received by the Fund Office after the start date of the applicable eligibility quarter will be denied, therefore it is extremely important that you ensure the self-contribution is received in a timely manner.

If your self-contribution is denied, you may appeal this denial in writing to the Board of Trustees within thirty (30) days after the denial notice is mailed to you. The written appeal must be mailed to the Fund Office and include any supporting documentation as to why the self-contribution payment deadline was not met.

The opportunity to remit self-contributions will continue to be limited to six (6) consecutive quarters. Any Participant who has made self-contributions for six consecutive quarters will be allowed to continue their coverage through the Southern Illinois Laborers' & Employers Health & Welfare Fund by paying COBRA contributions. (Please refer to Article 5 in your SPD for info on COBRA rights).

If a self-contribution is not paid, you may not make another self-contribution and your coverage will immediately terminate. At that time you will be offered COBRA. Active coverage will not be available again until you requalify for coverage through hours worked.

If you have any questions concerning the Fund's self-contribution procedures, please do not hesitate to contact the Fund Office at 1-618-998-1300.

A Final Note

If you have specific questions about your benefits, or the content of this Summary of Material Modifications, contact the Fund Office at (618) 998-1300. Please keep this notice with your

Summary Plan Description booklet and if you have any questions regarding this change, please contact the Plan's administrative office.

Sincerely,

BOARD OF TRUSTEES

This announcement, which serves as a Summary of Material Modifications, contains only highlights of recent changes to the Southern Illinois Laborers' and Employers' Health & Welfare Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.