

**ELECTRICAL WORKERS LOCAL NO. 294  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN**

**January 1, 2018**

**LETTER FROM THE BOARD OF TRUSTEES**

**ELECTRICAL WORKERS LOCAL NO. 294  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN  
2002 London Road, Suite 300, Duluth, MN 55802  
(218)724-8883 or (877)908-3863**

To All Participants:

As Trustees of the Electrical Workers Local No. 294 Supplemental Unemployment Benefit Plan (the “Plan”), we are pleased to provide you with this Summary Plan Description effective January 1, 2018.

The International Brotherhood of Electrical Workers, AFL-CIO and Twin Ports-Arrowhead National Electrical Contractors Association established this plan for eligible members. The Electrical Workers Local No. 294 Supplemental Unemployment Benefit Plan was created to help provide financial security to you and your family if you should become unemployed.

We encourage you to read the following pages carefully and keep them with your important papers for future reference.

If you have any questions about the Plan, or your status under the Plan, contact the Fund Office at (218)724-8883 or (877)908-3863 .

Sincerely yours,

Board of Trustees

This booklet is a Summary Plan Description which is intended to give you a summary of the major features of the Supplemental Unemployment Benefit Plan. This Summary Plan Description also functions as the Plan Document.

The only people authorized to answer questions concerning the Plan are the Board of Trustees and the staff at the Fund Office. If you have a question regarding the Supplemental Unemployment Benefit Plan, call the Fund Office at (218)724-8883 or (877)908-3863 . If you would like to fax your question to the Fund Office, the facsimile number is (218)728-4773.

You, your beneficiaries or legal representatives may examine the Plan Document and other plan documents during regular business hours or by appointment at the Fund Office. Copies of the official Plan are available at these locations:

IBEW Local Union #294  
214 East Howard Street, Suite 1  
Hibbing, MN 55746

Twin Ports-Arrowhead NECA  
802 Garfield Avenue  
Duluth, MN 55802

Electrical Workers Fringe Benefit Funds  
Suite 300  
2002 London Road  
Duluth, MN 55812

Participants and beneficiaries should not rely upon oral descriptions of the Plan because the written terms of the Plan will always govern.

**THE BOARD OF TRUSTEES OF THE  
ELECTRICAL WORKERS LOCAL NO. 294  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN**

**MANAGEMENT TRUSTEES**

David Orman  
Twin Ports-Arrowhead Chapter, NECA  
802 Garfield Avenue  
Duluth, MN 55802

**UNION TRUSTEES**

Dan Hendrickson  
Business Manager  
Electrical Workers Local 294  
214 East Howard Street, Suite 1  
Hibbing, MN 55746

**THIRD PARTY ADMINISTRATOR**

Wilson-McShane Corporation  
2002 London Road, Suite 300  
Duluth, MN 55812

**PLAN COUNSEL**

Timothy W. Andrew  
Andrew, Bransky & Poole, P.A.  
302 West Superior Street, Suite 300  
Duluth, MN 55802

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## **ELIGIBILITY AND PARTICIPATION IN THE SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN**

### **Eligibility**

To be able to participate in the Electrical Workers Local No. 294 Supplemental Unemployment Benefit Plan (the “SUB Plan”) you must work under a *Collective Bargaining Agreement* between IBEW Local 294 and Twin Ports-Arrowhead Chapter, NECA (or directly with your Employer) which requires your Employer to make contributions to *this Plan* for hours worked by employees. You must accumulate a specified dollar amount in your account to become a Participant entitled to benefits. This is explained in more detail below.

Only employees who are eligible to participate in the Electrical Workers Pension Plan, Part C or who are having contributions made to another similar plan under the National Reciprocity Agreement are eligible to participate in the SUB Plan. Contributions to the SUB Plan will not be made for individuals who are not eligible.

Notwithstanding the above, you are not eligible to participate in the SUB Plan if your work is considered “non-covered employment” under the unemployment compensation laws of the State of Minnesota, and your employer has not filed an affirmative election with the State of Minnesota to have your work considered covered employment. Examples of non-covered employment include employment by a spouse or employment where you are a corporate officer or member of a limited liability company and you own 25% or more of the company.

It is your obligation to notify the Fund Office when you first begin to work in non-covered employment so that contributions are not credited to the Sub Plan.

### **Eligibility to Receive Benefits**

Each employee has an individual account in the Plan to which Employer Contributions are credited.

You need at least **\$750** in Employer Contributions to your individual account to qualify for the supplemental unemployment benefit (the “SUB Plan”). You must also have a minimum account balance (explained on page 4) and be unemployed and signed to the IBEW Local No. 294 out-of-work list to be eligible for supplemental unemployment benefits.

There is no minimum in Employer Contributions required to qualify for the death benefit or to apply your account towards retiree contributions to the Electrical Workers Health and Welfare Fund.

### **Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)**

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) protects the reemployment rights and benefits of civilian employees who enter the military “for a brief, non-recurrent period and have no expectation of significant continuing military service.”

This protection extends to employees who perform uniformed military service on a voluntary or involuntary basis for a cumulative period of service of five years or less. Uniformed military service” includes: active duty for training, initial active duty, full-time National Guard duty, and a period during which a person is absent from work for the purpose of examination to determine his or her fitness for military service.

When you are away from covered employment due to uniformed military service covered by this law and return to work for a contributing employer following an honorable discharge, your SUB Plan benefits will be protected as follows:

- No permanent break in service may occur as a result of military service
- No forfeiture of benefits already accrued is allowed, and
- There is no need to requalify for participation in the SUB Plan due to absence for military service.

You will not, however, receive contributions to the Plan while you are on military duty.

Once you know that you will be entering the military service for any type of uniformed military service, you should notify the Fund Office. This will assure protection of your benefit rights under the Plan. You should notify the Fund Office when you are discharged, and return to work with a contributing employer. To protect your rights under the Plan, you must return to work within certain time limits:

***IF YOUR LENGTH OF MILITARY SERVICE WAS . . .***

***YOU MUST RETURN TO WORK . . .***

Less than 31 days

The next workday (with an 8-hour rest period)

31 days to 180 days

Within 14 days of discharge

181 days to 5 years

Within 90 days of discharge



## ACCUMULATING BENEFITS

### **Employer Contributions**

Your employer makes contributions to the SUB Plan based on the Collective Bargaining Agreement. The amount contributed is determined by that Agreement. As an employee, you are not required or allowed to make contributions to this Plan.

The Plan is funded solely through Employer Contributions. The Local No. 294 Inside Construction Agreement requires the Employer to contribute 1% of gross wages to the Plan effective June 1, 2004 and 2% of your gross wages to the Plan effective June 1, 2005 until the contributions to your account reach **\$1,500**.

Once Employer Contributions to your account total at least **\$1,500** at the end of any month, the Employer Contributions to the SUB Plan will stop. The amount that the Employer is required to contribute to the SUB Plan, will instead be contributed to Pension Plan Part C along with the regularly required Part C contribution.

If the amount of Employer Contributions in your SUB Plan account should fall below **\$1,500** at the end of any month Employer Contributions in the amount required by this SUB Plan will no longer be made to the Pension Plan Part C. Instead, they will again be made to this Plan until Employer Contributions to your account again reach **\$1,500** at the end of any month.

The fact that the Employer Contributions otherwise required to the SUB Plan are being paid to the Pension Plan Part C does not reduce the Employer's separate obligation to make a contribution to the Pension Plan Part C in the amount separately required as an Employer Contribution to Part C.

For example, while your contributions to this Plan are building up to the **\$1,500** level, your employer will make a contribution to this Plan of two percent of your gross wages and another contribution of fourteen (14%) percent of your gross wages to Pension Plan Part C. When your SUB Plan account reaches the **\$1,500** level, then your Employer will contribute sixteen (16%) percent of your gross wage to the Part C. The Part C contribution will remain at sixteen percent until the Employer Contributions in your SUB Plan account fall below the **\$1,500** level.

The contribution rates are set by the Collective Bargaining Agreement. The rates in the above example may change depending on the terms of your particular agreement.

*Federal law restricts the transfer of contributions you earn in another area. Reciprocity contributions to this Plan will only be accepted to the extent they do not violate federal law.*

## **Investment Earnings**

All amount contributed to the Plan are combined into a single trust fund for investment purposes. The Trustees may hire professional investment managers to prudently invest those assets. Your account, along with other members' accounts, is adjusted monthly to reflect your share of any gains or losses and expenses of the total trust fund. At the end of the year investment gains (or losses) and investment expenses are allocated to each account based on each participant's account balance on December 31. Plan expenses (except investment expenses) are charged against each account on an equal basis regardless of the account's balance when expenses are paid by the Fund throughout the year. In addition, the Trustees are authorized to maintain reasonable reserves to cover future Plan expenses. *The value of your account will depend on the amount of employer contributions, reciprocity contributions, and investment performance of the trust fund.*

Participants will receive a statement of their account on an annual basis. *After receipt of this statement you should promptly notify the Fund Office if you think the statement is not correct.* You may also call the Fund Office to request the current balance in your SUB Account throughout the year. You should keep the Fund Office advised of changes in your mailing addresses.

## **VESTING IN THE SUB PLAN**

“Vested” means that you have a right to receive the benefits you have earned in the Plan. Once you become a Plan participant, contributions made on your behalf are 100% vested – benefits in the Plan are yours, and generally cannot be taken away from you.

## **SUPPLEMENTAL UNEMPLOYMENT BENEFITS**

### **Eligibility to Receive the Supplemental Unemployment Benefit**

You must have had **\$750** in Employer Contributions made to your individual account before you may receive a supplemental unemployment benefit.

You first become eligible to receive the Supplemental Unemployment Benefit the month after your account has reached the **\$750** Employer Contribution level. You will remain eligible for supplemental unemployment benefits so long as you retain at least \$25 in Employer contributions in this account.

No SUB benefits are payable for any week during which you are not entitled under the State law to receive State unemployment compensation benefits (except if you have exhausted your State benefits but otherwise would be entitled to them, as explained below).

For example, no SUB benefits are payable for any week when there is a strike or other labor dispute which, under State law, precludes payment of State unemployment compensation benefits.

Also, if you are not actively seeking and able to work or you are currently receiving disability

benefits, you are not eligible for State unemployment benefits or for SUB benefits.

### **Amount of the SUB Benefit**

The SUB benefit is \$250 for each week that you are eligible for a State unemployment benefit. For each week that you use this benefit your account will be reduced by \$250. As required by law, all applicable state and federal taxes will be withheld from this benefit.

You may choose to keep your account open during periods of unemployment by keeping a \$25 balance in your account. By choosing this alternative, you will avoid the necessity of repeating the initial eligibility requirements.

**Example:** *You have \$1,400 in your account when you become unemployed. You remain unemployed for 4 full weeks and receive \$250 as a SUB benefit for each of those weeks. Your account will be charged \$250 for each week, or a total of \$1,000, leaving you with a balance of \$400.*

If your account has less than \$250 remaining when you apply, you will only receive the amount actually present in your account, unless you decide to keep your account open with a \$25 balance. In that case, you will be given the balance of your account minus \$25 which will remain in your account.

### **Taxability of SUB Benefits**

Benefits paid by the Fund are generally taxable the same as wages. The Fund will make applicable state and federal withholdings on the Amounts paid to you and the amounts paid to the Electrical Workers Health and Welfare Fund. In addition, if you are eligible for benefits under this Fund but do not apply for those benefits, you may be taxed on the amount of benefit you would have received had you applied.

### **Procedures for Applying for SUB Benefits**

#### ***Ordinary situation***

You must actually be unemployed for the period in question. You must also file a written application with the Fund Office. You must present satisfactory proof of State benefit payment with adequate identification of the period for which the State benefit was paid. The State benefit payment confirmation may be from the State of Minnesota or any other State where you are entitled to draw unemployment compensation benefits.

The Fund Office will determine the adequacy of the application and the supporting documentation.

### ***If State Benefits Exhausted***

You may also be eligible for SUB benefits during a week of unemployment after you have exhausted State unemployment benefits if:

- You have a State benefit stub based on a week of unemployment during the last 12 months;
- You become unemployed after a period of reemployment that does not qualify for state benefits, and state unemployment benefits have been exhausted within the last 26 weeks; and
- You present adequate proof of unemployment for the week in which you seek the SUB benefit; ordinarily, proof of availability for work in the Union's jurisdiction will be sufficient.

### **PAYMENT OF ACCUMULATED BENEFITS UPON SEPARATION FROM SERVICE**

Upon your separation from service from the electrical industry and future employment with employers obligated to contribute to this Fund, you may elect either to have your account paid to you or you may elect to use your account to supplement your *Retiree Coverage* under the Electrical Workers Health and Welfare Fund.

If you do not elect a cash payment of your account upon separation from service, your account under this Plan will be used, until it is exhausted or you die, to satisfy the retiree benefit requirements under the Electrical Workers Health and Welfare Fund. Your hours bank under the Electrical Workers Health and Welfare Fund will first be exhausted before payments are made from this Fund. The Fund will make applicable state and federal tax withholdings in making payments to the Electrical Workers Health and Welfare Fund.

Any balance remaining in your account at the time of your death will be paid to your surviving beneficiaries in the form of a death benefit.

## **DEATH BENEFITS**

### **Amount of Benefit**

The death benefit under this Plan is the amount in your account at the time of your death.

### **Beneficiaries**

The beneficiary that you selected in the enrollment forms for this SUB benefit will be entitled to the death benefits. If you did not select a beneficiary under this Plan the named beneficiary under the Electrical Workers Pension Plan, Part C, shall be entitled to this death benefit.

If no beneficiaries have been selected under this Plan or the Electrical Workers Pension Plan, Part C the eligible beneficiary shall be the first individual(s) to fall into one of the classes listed below:

Spouse of Participant;

Children of Participant; or

Parents of Participant.

For example, if you are married at the time of your death your spouse will be entitled to this death benefit. However, if, at the time of your death you are not married and do not have any children, your surviving parent(s) shall be entitled to this benefit.

If there is more than one survivor in the applicable class, the benefit will be paid to the surviving members of that class in equal parts. If there is no survivor in any of these classes, the benefit will be paid to the personal representative of the participant's estate.

## **CLAIMS FOR BENEFITS AND APPEALS**

### **Supplemental Unemployment Benefits (SUB)**

You should promptly file a claim for the SUB benefit as soon as you receive your first State unemployment compensation benefit check. The application should be carefully filled in and filed with the Fund Office. Claim forms are available at the Fund Office listed below:

**Electrical Workers Fringe Benefit Funds  
2002 London Road, Suite 300, Duluth, MN, 55812  
(218)724-8883 or (877)908-3863**

*State unemployment benefit payment confirmation is required as proof.* Present confirmation of payment from the State unemployment office to the Fund Office, as proof of your entitlement to the SUB benefit.

You must also present a document from the State unemployment office showing the period of unemployment for which the State unemployment compensation is being paid.

Benefit will not be paid without adequate proof of your entitlement to a State unemployment compensation benefit for the period of unemployment in question. There is an exception if State benefits have been exhausted. See page 5.

### **Time Limit**

A claim must be filed with 30 days of the date on your State Unemployment benefit check for the week in question.

### **Disputed Unemployment Claims**

SUB benefits will not be paid until the participant receives a State unemployment compensation benefit check for the week in question. There is an exception to this rule if you have exhausted your State benefits. See page 5.

Sometimes there is a dispute as to whether the State Unemployment Benefit is payable for a particular week or weeks. The State may then hold up payment. The unemployed person may file an appeal with the State employment office (for example, trying to secure the State benefit). This Plan will not pay a SUB benefit unless and until the participant receives a State benefit. There is no need for the participant to file a claim or to file an appeal of a denied claim from this Plan to protect his rights to the SUB benefit. When and if the State benefit is paid and adequate evidence of such payment is promptly presented to the Fund Office, the SUB benefit will be paid by this Plan.

### **Claims for Benefits upon Separation from Service**

Upon your separation from service from the electrical industry, and future employment with employers contributing to this Fund, you may elect to have your entire account balance paid to you, or your account balance can be used to pay your retiree health care premiums under the Electrical Workers Health and Welfare Fund.

### **Claims for Death Benefits**

Contact the Fund Office to secure the appropriate application form and instructions for the death benefit. The beneficiary or beneficiaries entitled to a benefit in the event of your death should file the claim form accompanied by a certified copy of the death certificate.

### **Payment of Benefits to a Minor or an Incompetent Person**

If a guardian has been appointed by a court of competent jurisdiction for a minor or for an incompetent person no longer able to manage his own affairs, only that guardian may apply for benefits. No other person may apply for or accept benefits. If there is no court appointed guardian, the Trustees, in their discretion may make payment to a person or institution providing care for the minor or incompetent. Payments so made shall be a complete discharge of the

Trustees' obligations and the Trustees shall not be responsible for seeing to the application of the money so paid.

### **Plan Administrator Review of Claims**

If you believe you are entitled to benefits from the Plan or if you disagree with any decision that has been made, you may request a review of the denied claim by the Plan Administrator. Your request must be in writing and must be delivered to the Fund Office within 14 days after you receive the original letter of denial.

### **Appealing to the Trustees**

If your subsequent claim continues to be denied, you will receive a letter explaining the reasons for denial, the Plan provisions on which the denial is based, any additional information needed from you and the reasons such information is needed. At this time you may request an appeal of your denied claim by the Board of Trustees.

Your request for a review must be in writing and must be delivered to the Trustees within 60 days after you receive the letter that your claim was denied. Your request for review may include any additional information that you feel may change the Trustees' decision to deny the claim. At this time you may request a copy of all pertinent Plan documents.

In most cases the Trustees will review and make a decision on your claim within 60 days after the request for a review is received. If special circumstances require more than 60 days, the time may be extended to 120 days.

The Trustees may hold one or more hearings to review your denied claim. You may have an attorney to act on your behalf, but the Trustees reserve the rights to require a written authorization from you allowing this to occur.

When a final decision is made, the Trustees will send you a letter explaining the decision, the specific reason for it and references to the Plan provisions on which it is based.

## **PAYMENT OF INACTIVE ACCOUNTS**

### **Definition**

An Inactive Account is one which no Employer Contributions have been made for a period of six (6) months and from which benefit payments have been made for a period of six (6) months.

### **Payment**

If an account is inactive and if the account does not hold at least **\$750** in Employer contributions the account will be paid in cash to the participant:

- after the account has been Inactive for six (6) months if the participant is not a member of the IBEW Local 294, or;
- after the account has been Inactive for five years if the participant is a member of Local 294.
- Applicable state and federal taxes will be withheld as required by law.

## **OTHER SUB PLAN FEATURES**

### **Amendment and Termination**

It is the Trustees' intention to continue the SUB Plan indefinitely, but the Trustees reserve the right to amend, terminate or merge all or part of the Plan at any time and provide for distribution of the trust fund to members and their beneficiaries. You will be notified if any of these actions are taken.

No amendment or termination may have the effect of reducing account balances unless made to comply with the provisions of any laws, regulations or orders that are now or will be in force.

### **Release of Information**

You must provide the Fund Office with any required verbal or written authorization for release of necessary information relating to any claim you have filed.

### **Severability Clause**

If any provisions or amendment to the Trust Agreement or the Plan should be determined or judged to be unlawful, such an illegality will apply only to the provision in question. It will not apply to any other provision of the Trust Agreement or the Plan unless such illegality would make it impractical or impossible for the Trust Agreement or the Plan to function.



## **Trustee Interpretation, Authority and Right**

The Trustees have the authority to interpret the Plan, all Plan documents, rules and procedures. Their interpretation will be final and binding on all persons dealing with the Plan or claiming a benefit from the Plan. If a decision of the Trustees is challenged in court, it is the intention of the Trustees that such decision is to be upheld unless it is determined to be arbitrary or capricious.

The Trustees have the authority to change the eligibility rules and other provision of the Plan, to amend, decrease or eliminate benefits, and to terminate the Plan, in whole or in part. All benefits of the Plan are conditional and subject to the Trustees' authority to change or terminate them.

## **PLAN INFORMATION**

### **Name of Plan**

Electrical Workers Local No. 294 Supplemental Unemployment Benefit Fund (It is also referred to as the SUB Plan.)

### **Plan Identification Number**

The IRS Identification Number is EIN:74-3081515. The Plan Number is 001.

### **Type of Plan**

This Plan is known as a supplemental unemployment benefit plan.

### **Type of Administration**

The Plan is administered by the Board of Trustees. You may contact the Trustees at:

Board of Trustees  
Electrical Workers Local No. 294  
Supplemental Unemployment Benefit Fund  
2002 London Road, Suite 300  
Duluth, MN 55812  
Phone: (218)724-8883  
Fax: (218)728-4773

## **Service of Legal Process**

The address of the agent who the Trustees have appointed for legal process is:

Timothy W. Andrew  
Andrew, Bransky & Poole, P.A.  
302 West Superior Street, Suite 300  
Duluth, MN 55802  
Phone: (218)722-1764  
Fax: (218)722-6137

Also service of process may be made upon any of the Trustees.

## **Union and Association**

The names, addresses and telephone numbers of the Union and the Association are:

Local Union No. 294  
International Brotherhood of Electrical Workers  
214 East Howard Street, Suite 1  
Hibbing, MN 55746  
Phone: (218)263-6895  
Fax: (218)263-6896

Twin Ports-Arrowhead Chapter  
National Electrical Contractors Association, Inc.  
802 Garfield Avenue  
Duluth, MN 55803  
Phone: (218)722-8115  
Fax: (218)722-6816

## **Plan Year**

The Plan Year is the 12-month period beginning January 1<sup>st</sup> and ending the following December 31<sup>st</sup>.

## **Contributing Employers**

The names of the Employers contributing to the Plan are available to members and their beneficiaries at any time by simply writing to the Trustees.

If you and your beneficiaries would like to know if an employer or employee organization is a contributor to the Plan, you may request that information from the Trustees.

## **Collective Bargaining Agreement**

Contributions to the Plan are made based on collective bargaining agreements. Copies of those agreements may be obtained from the Trustees upon written request and are available for review in the offices of the NECA Association, the Fund Office and the IBEW Union.

## **Asset Management**

Plan assets are held in a trust fund administered by the Trustees. The Trustees are responsible for the selection of any investment managers for the trust and for the payment of benefits. The Trustees may establish two or more investment funds for the Plan with different investment objectives.

## **YOUR RIGHTS UNDER ERISA**

### **Disclosure**

As a Participant in the Electrical Workers Local No. 294 Supplemental Unemployment Benefit Plan you are entitled to certain rights and protection under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

- Examine without charge, at the plan administrator's office and other specified locations, such as work-sites and union halls, all plan documents, including collective bargaining agreements and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions.
- Obtain copies of all Plan documents and other Plan information, upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

### **Fiduciaries**

In addition to creating rights for Plan participants, ERISA imposes duties upon the people responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries", have a duty to do so prudently and in the interest of you and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your Union, or any other person may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

## **Appeal**

If your claim for a Plan benefit is denied in whole or in part, you must receive a written explanation of the reasons for your denial. You have the right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials regarding the Plan and do not receive them within thirty (30) days, you may file a suit in a federal court. In such case, the Court may require the Plan Administrator to provide the materials and pay up to \$110 a day for violations occurring after July 29, 1997, until you receive materials, unless the materials are not sent to you because of reasons beyond the control of the Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in state or federal court. If you believe that the Plan fiduciaries have misused the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who shall pay the court costs and legal fees. The court may order the person you have sued to pay these costs and fees.

If you have any questions about your Plan, you should contact the Fund Office. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest office of the Pension and Welfare Benefits Administration, Department of Labor.

The address for that office is:

U.S. Department of Labor  
Employee Benefits Security Administration  
Kansas City Regional Office  
City Center Square  
1100 Main  
Suite 1200  
Kansas City, MN 64105-2112  
Phone: (816)426-5131

or the Division of Technical Assistance and Inquires, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.