



LOCAL 36 BENEFIT FUNDS

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October 3, 2017

IMPORTANT NOTICE ABOUT YOUR BENEFITS:
SUMMARY OF MATERIAL MODIFICATION

The Trustees of the International Association of Sheet Metal, Air, Rail and Transportation Workers ("SMART") Local Union No. 36 Welfare Fund ("SMART Local 36 Welfare Fund") are pleased to announce the following changes.

JANUARY 1, 2018 MERGER BETWEEN
SMART LOCAL 36 WELFARE FUND
AND SMART LOCAL 36 ARKANSAS WELFARE FUND

Effective January 1, 2018, the SMART Local 36 Arkansas Welfare Fund will merge into the SMART Local 36 Welfare Fund. After the merger, the SMART Local 36 Arkansas Welfare Fund will cease to exist as a separate trust fund instead it and the SMART Local 36 Welfare Fund will become a single fund known as the SMART Local 36 Welfare Fund providing benefits under various benefit plans including the Saint Louis benefit plan, the Saint Louis office group benefit plan, and the Arkansas benefit plan..

Following the merger, the participants in each benefit plan will continue to receive the same benefits provided by their current plan immediately prior to January 1, 2018, subject to any benefit changes approved by the Trustees of each Fund which are scheduled to be effective January 1, 2018. The only difference is that, starting January 1, 2018, those benefits will be provided solely by the merged SMART Local 36 Welfare Fund. After January 1, 2018, changes in benefits for any of the benefit plans may be made as determined by the Trustees.

The Trustees of the SMART Local 36 Arkansas Welfare Fund believe that the plan of benefits currently provided to employees working under an agreement with SMART Local 36-L ("Arkansas Members") and their eligible dependents is a "grandfathered health plan" under the Patient Protection and Affordable Care Act, also known as the Affordable Care Act (ACA). The Trustees of the SMART Local 36 Arkansas Welfare Fund and the SMART Local 36 Welfare Fund believe that, following the January 1, 2018 merger, the plan of benefits provided by the SMART Local 36 Welfare Fund to Arkansas Members and their eligible dependents will continue to be a "grandfathered health plan" under the ACA.

Disability Claims and Appeals

To comply with the Department of Labor's Final Regulations regarding claims and appeals of disability benefits, the Trustees of the SMART Local 36 Welfare Fund have adopted the enclosed revised procedures for claims and appeals for Disability Benefits filed on or after January 1, 2018.

Trustees

There have been some changes in the Trustees of the International Association of Sheet Metal, Air, Rail and Transportation Workers ("SMART") Local Union No. 36 Welfare Fund. The Trustees are:

Mr. David C. Zimmermann
Mr. Ray Reasons
Mr. Dennis Westray

Mr. George L. Welsch
Mr. William Meeh
Mr. Michael Corrigan

This Summary of Material Modification should be kept with your Summary Plan Description. If you have any questions, please contact the Fund Office, (314) 652-8175.

Sincerely,

The Board of Trustees of the SMART Local 36 Welfare Fund

1. Section 16.6 "Claim Denial" as set out in the April 1, 2016 SPD is amended as follows:

16.6 CLAIM DENIAL

If the Fund Office determines that a person who submits a claim is not entitled to benefits under this Plan or is entitled to a lesser benefit than the amount claimed, then the claimant will be furnished a written statement of the reason or reasons for denial including reference to the Plan provisions on which the denial or reduction is based, a description of any additional material or information necessary for the claimant to establish his right to benefits, and an explanation of why such material or information is necessary. Medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claimant's adverse benefit determination will be identified without regard to whether the advice was relied upon in making the benefit determination. This written notice will also contain an explanation of the appeal procedure that the claimant can follow to have his claim for benefits reviewed. The statement will be written in a culturally and linguistically appropriate manner (as described in 29 C.F.R. § 2560.503-1(o)) that is calculated to be understood by the claimant.

For weekly disability income claims or other requests for determination of disability, in addition to the foregoing the written notice will include an explanation of the basis for disagreeing with or not following: (a) the views presented by the claimant to the Fund of health care professionals treating the claimant and vocational professionals who evaluated the claimant; (b) the views of any medical or vocational experts whose advice was obtained on behalf of the Fund in connection with the claimant's claim, without regard to whether the advice was relied upon in making the adverse determination; or (c) a disability determination made by the Social Security Administration regarding the claimant. The written notice will also include the specific internal rules, guidelines, protocols, standards or other similar criteria of the Plan relied upon in making the adverse determination or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Plan do not exist. In addition, if an adverse benefit determination for Disability Income Claims or other request for determination of disability is based on a medical necessity or experimental treatment or similar exclusion or limit, the claimant, upon request and free of charge, will be provided with an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's medical circumstances.

2. Section 16.7 "Appeal Procedure" as set out in the April 1, 2016 SPD is amended as follows:

16.7 APPEAL PROCEDURE

- (a) **Appeal Mandatory.** If any Member, Qualified Dependent, beneficiary, Employer or any other party (including but not limited to an heir, a legatee, or an assignee such as a Hospital) has any complaint with respect to any action, or failure to act of the Trustees, or for failure to pay all or part of a claim or for any other matter whatsoever, an appeal must be filed with the Trustees.

- (b) **Time Limit for Filing an Appeal.** An appeal must be filed in writing at the office of the Fund and signed by the party appealing or by his authorized representative, within 180 days of the receipt by the claimant of the denial notice which the appeal concerns.

- (c) **Appeal Procedures.** A claimant who receives an adverse benefit determination, or his duly authorized representative, has the right to appeal the Fund's decision to the Trustees by submitting a written statement setting forth issues or comments along with any supporting documents related to his appeal. The written statement must be signed by the claimant or his representative and filed with the Fund Office within 180 days of the receipt by the claimant of the denial notice. Upon request and free of charge, the claimant or his representative may review or obtain copies of documents, records, and any other information pertinent to the appeal which are in possession of the Fund, including any internal guideline, protocol or other criteria on which the original benefit determination was based.

All appeals will be decided by the Trustees. All appeals will be decided by individuals who were neither involved in the original benefit determination nor subordinates of anyone who was involved in the original benefit determination. The appeal determination will be based on all the evidence related to the claim, including evidence and statements submitted by the claimant, even if such information was not considered in the original benefit determination. In considering the appeal, no deference will be given to the initial adverse benefit determination. For appeals of weekly disability income claims or other requests for determination of disability, if, in considering an appeal, the Trustees become aware of any new or additional evidence that was considered, relied upon, or generated by the Fund in making the adverse determination or any new or additional rationale for making the adverse determination, copies of such new or additional evidence or rationale will be provided to the claimant as soon as possible. The claimant will then have 45 days after receiving such new or additional evidence or rationale to submit a written response to the Trustees.

If the initial adverse benefit determination was based in whole or in part on a medical judgment, including determinations with regard to whether a particular treatment, drug, or other item is experimental, investigative, or not Medically Necessary or appropriate, the Trustees shall consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment and is neither an individual who was consulted in connection with the adverse benefit determination that is the subject of the appeal, nor the subordinate of any such individual. Any decisions regarding the hiring, compensation, termination, promotion, or other similar matters with respect to any individual involved in any decision made pursuant to this appeals procedure may not be made based upon the likelihood that the individual will support the denial of benefits.

The Trustees will decide the appeal no later than the date of the regular Trustees meeting that immediately follows the Plan's receipt of the appeal, unless the appeal is received within 30 days preceding the date of such meeting. In such case, a decision will be made no later than the date of the second meeting following the Plan's receipt of the appeal. If special circumstances require a further extension of time for processing a decision will be made not later than the third meeting following the Plan's receipt of the appeal. If such an extension of time for review is required because of special circumstances, the Plan Administrator will notify the claimant in writing of the extension, describing the special circumstances and the date as of which the appeal will be decided, prior to the commencement of the extension.

3. Section 16.8 "Appeal Decision" as set out in the April 1, 2016 SPD is amended as follows:

16.8 APPEAL DECISION

The Fund Office will notify the Member or claimant in writing of the appeal decision as soon as possible but not later than five business days following the date the decision is made. The notification will be written in a culturally and linguistically appropriate manner (as described in 29 C.F.R. § 2560.503-1(o)) that is calculated to be understood by the claimant. The notification will include the specific reason(s) for the decision, specific reference(s) to the pertinent Plan provisions on which the decision is based, 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 claim for benefits; and a statement of the claimant's right to bring a court action under Section 502(a) of ERISA and

that such an action must be brought within two years from the date the notification is issued (see Section 16.9 below).

For weekly disability income claims or other requests for determination of disability, in addition to the foregoing the notification will include an explanation of the basis for disagreeing with or not following: (a) the views presented by the claimant to the Fund of health care professionals treating the claimant and vocational professionals who evaluated the claimant; (b) the views of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the claimant's claim, without regard to whether the advice was relied upon in making the adverse determination; or (c) a disability determination made by the Social Security Administration regarding the claimant. The written notice will also include the specific internal rules, guidelines, protocols, standards or other similar criteria of the Plan relied upon in making the adverse determination or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Plan do not exist. If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, the written notice will include a statement that an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's medical circumstances, will be provided free of charge upon request.

The Trustees have the discretionary authority to rule on all appeals and their decisions shall be final and binding on all parties, including but not limited to Employers, unions, participants, Retirees, Qualified Dependents and beneficiaries and their service providers. Benefits will be paid only if the Trustees decide in their discretion that the applicant is entitled to them.

The person or persons deciding the appeal shall have discretion to interpret all documents and other matters pertaining to the appeal, to determine eligibility for benefits, and to exercise such authority as set forth in Sec. 15.1 on page **Error! Bookmark not defined..**

Discrimination is Against the Law

The International Association of Sheet Metal, Air, Rail and Transportation Workers ("SMART") Local Union No. 36 Welfare Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SMART Local 36 Welfare Fund does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The SMART Local 36 Welfare Fund:

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

If you need these services, contact Ms. Buffi Gass, Civil Rights Coordinator.

If you believe that SMART Local 36 Welfare Fund has 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: Ms. Buffi Gass, Civil Rights Coordinator, 2319 Chouteau Avenue, Suite 300, St. Louis, MO 63103, (314) 652-8175, (314) 652-0338, bgass@sheetmetal36.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ms. Buffi Gass, 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>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-314-652-8175.

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 1-314-652-8175。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-314-652-8175.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-314-652-8175.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-314-652-8175.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-314-652-8175.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-314-652-8175번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-314-652-8175.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-314-652-8175.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-314-652-8175.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-314-652-8175.

1-314-652-8175 توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید. 8175.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-314-652-8175.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-314-652-8175.

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