

CENTRAL ILLINOIS CARPENTERS
HEALTH and WELFARE TRUST FUND

200 South Madigan Drive • Lincoln • Illinois 62656 • phone 866-732-1919

IMPORTANT INFORMATION ABOUT YOUR BENEFITS

March 2018

CHANGES REGARDING DISABILITY CLAIMS PROCEDURES

Effective April 1, 2018, the Board of Trustees amended the Summary Plan Description to revise the Fund's Claim Processing and Appeal Procedures regarding disability benefit claims. These changes were made in order to comply with a new federal law.

The revised Claim Processing and Appeal Procedures only apply if you have a claim for Non-Occupation Disability Benefits or Occupational Disability Benefits (*i.e.*, disability benefits) that is denied. The amended procedures provide for a heightened review process in the event that you have a claim (or an appeal) for disability benefits denied. For example, if you have a claim for disability benefits denied, you will receive a notice that includes:

- The specific reason for the denial;
- Reference to the specific Summary Plan provision on which the denial was based;
- Any specific internal rules, guidelines, protocols, or standards relied upon in denying the claim or, alternatively, a statement that such rules, guidelines, protocols, or standards do not exist;
- A description of any additional material or information necessary to process the claim and an explanation of why such material or information is needed;
- An explanation, if applicable, for disagreeing with or not following:
 - The views of health care professionals who treated you and the vocational professionals who evaluated you;
 - The views of the medical or vocational experts whose advice was obtained by the Fund; and
 - Social Security disability determinations.
- In the event that the denial is based on a medical necessity exclusion, an experimental treatment exclusion, or a similar exclusion/limit, the notice will include either an explanation of the scientific or clinical judgment for the denial or a statement that such explanation will be provided free of charge upon request;
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits;
- A copy of the Fund's internal appeal procedures, the time period to appeal the claim, and information regarding how to initiate an appeal; and
- A statement that you may bring a lawsuit under ERISA Section 502(a) after the appeal of your claim is completed.

If you appeal the denial of your disability claim, the Fund's normal appeal procedures apply. During the appeal of your disability claim, you will also be (1) provided with the identification of any medical or vocational experts used by the Fund, and (2) notified of any new/additional evidence or rationale used by the Fund and provided with such evidence and/or rationale prior to a decision of your appeal.

If your appeal is then denied, you will receive a notice that includes:

- The specific reason for the denial of the appeal;
- Reference to the specific Fund provision on which the denial was based;
- Any specific internal rules, guidelines, protocols, or standards relied upon in denying the appeal, or, alternatively, a statement that such rules, guidelines, protocols, or standards do not exist;
- An explanation, if applicable, for disagreeing with or not following:
 - The views of health care professionals who treated you and the vocational professionals who evaluated you;
 - The views of the medical or vocational experts whose advise was obtained by the Fund; and
 - Social Security disability determinations.
- In the event that the denial is based on a medical necessity exclusion, an experimental treatment exclusion, or a similar exclusion/limit, the notice will include either an explanation of the scientific or clinical judgment for the denial or a statement that such explanation will be provided free of charge upon request;
- A statement that you are entitled to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your disability claim; and
- A statement of your right to bring a lawsuit under Section 502(a) of ERISA, which will also detail the calendar date by which you must file a lawsuit.

Again, please note that these changes only relate to claims for, and appeals involving, Non-Occupation Disability Benefits or Occupational Disability Benefits.

Sincerely,

Board of Trustees

This announcement, which serves as a Summary of Material Modifications, contains only highlights of recent changes to the Central Illinois Carpenters Health & Welfare Trust 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. If you need another copy of the SPD or if you have any questions regarding the changes to the Plan listed herein, please contact the Administrative Manager during normal business hours at: 200 South Madigan Drive, Lincoln, Illinois 62656, phone 866-732-1919.