



**NECA-IBEW LOCAL NO. 364
SUPPLEMENTAL UNEMPLOYMENT
BENEFIT FUND**

*Plan Document
January 1, 2015*

**NECA-IBEW LOCAL NO. 364
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND**

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INTRODUCTION

Under a Trust Agreement established by the Northern Illinois Chapter of the National Electrical Contractors Association, Inc (NECA) and the International Brotherhood of Electrical Workers (IBEW) Local Union No. 364, the Board of Trustees maintains a Voluntary Employee Benefit Association (VEBA) known as the NECA-IBEW Local No. 364 Supplemental Unemployment Fund (the "SUB Fund" or the "Plan"). The Plan has been formed by the joint efforts of the Union and the Employers, many of whom are members of NECA, for the benefit of eligible collective bargaining unit employees.

The Plan is designed primarily to provide you with benefits during periods of unemployment. The dollar value of the benefits provided by this Plan is not fixed under any formula, but will equal the value of your Individual Account when you become entitled to a distribution. The benefits under this plan are not insured by the Pension Benefit Guaranty Corporation (PBGC).

A copy of this plan document is available for review free of charge during normal business hours at the offices of the Administrative Manager - TIC International Corporation, 6525 Centurion Drive, Lansing, Michigan 48917-9275, (877) 364-4239. The Administrative Manager will also mail a copy of the plan document within thirty (30) days after receiving your written request. You may also review the plan document at your Local Union office - IBEW Local 364, 6820 Mill Road, Rockford, IL 61108-2504.

A WORD OF EXPLANATION

NO ONE HAS THE AUTHORITY TO SPEAK FOR THE TRUSTEES REGARDING THE ELIGIBILITY RULES OR BENEFITS OF THE PLAN EXCEPT THE TRUSTEES OR THE PLAN'S ADMINISTRATIVE MANAGER, TO WHOM SUCH AUTHORITY HAS BEEN DELEGATED.

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BASIC INFORMATION

1. NAME OF PLAN:

NECA-IBEW Local No. 364 Supplemental Unemployment Benefit Fund

2. NAME AND ADDRESS OF ADMINISTRATIVE MANAGER:

TIC International Corporation
6525 Centurion Drive
Lansing, MI 48917-9275
Attn: James E. Schreiber
(877) 364-4239
(517) 321-7508 Fax

3. AGENT FOR SERVICE OF LEGAL PROCESS:

James Neuman
Baum Sigman Auerbach & Neuman, Ltd.
200 West Adams Street, Suite 2200
Chicago, IL 60606-5231

4. NAME AND ADDRESS OF INVESTMENT CONSULTANT:

Disabato Advisers, LLC
525 W. Monroe Street, Suite 560
Chicago, IL 60661
312-474-0900

5. NAME AND ADDRESS OF LOCAL UNION OFFICE:

IBEW Local Union 364
6820 Mill Road
Rockford, IL 61108
Attn: Robin Perez
Benefits Coordinator
(815) 398-6282, (815) 398-1203 Fax

6. TAX IDENTIFICATION NUMBER: 38-3690592

7. PLAN NUMBER: 003

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8. **DATE OF THE PLAN'S FISCAL YEAR END:** April 30

9. **ADMINISTRATION OF PLAN:**

The Plan is administrated and maintained by a Board of Trustees (the "Trustees") who are responsible for the investment of plan assets and have the power to amend the Plan. TIC International Corporation has been hired as the Plan's Administrative Manager, but the Board of Trustees may subsequently appoint any other firm, person, or entity to act as Administrative Manager. The Administrative Manager is primarily responsible for record keeping and other basic administrative duties for the Plan.

The assets of the Plan are held in a custodial trust account at Charles Schwab & Company.

10. **TRUSTEE INFORMATION:**

The Board of Trustees has six (6) members. Three (3) are appointed by the Union and three (3) are appointed by NECA. The members of the Board of Trustees at the time this Summary Plan Description was prepared are:

<u>Employer</u>	<u>Union</u>
Paul Maffioli, Secretary Wilson Electric Company 113 South Madison Street Rockford, IL 61104	Patrick Tomlin, Chairman IBEW Local 364 6820 Mill Road Rockford, IL 61108
John Battel National Electrical Contractors 4864 Colt Road Rockford, IL 61109	Alan Golden IBEW Local 364 6820 Mill Road Rockford, IL 61108
Jon Green Quality Electric & Comm 2364 Sunset Drive Freeport, IL 61032	Michael Miller IBEW Local 364 6820 Mill Road Rockford, IL 61108

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11. PARTICIPATING EMPLOYER INFORMATION:

Employers make contributions to the Plan pursuant to the following agreements: 1) collective bargaining agreements negotiated between IBEW Local 364 and NECA; 2) individual collective bargaining agreements negotiated with IBEW Local 364; and 3) other agreements acceptable to the Trustees that provide for employers to make contributions to the Plan on behalf of their employees.

Upon written request to the Administrative Manager, Participants and Beneficiaries may obtain information as to the address of a particular Employer and whether that Employer is required to pay contributions to this Plan.

12. FOR FURTHER INFORMATION ABOUT THE PLAN:

The Plan, the collective bargaining agreements applicable to the Plan and certain other legal documents are available for review free of charge during normal business hours at the offices of the Administrative Manager or the office of the Union. The Administrative Manager will mail you a copy of these plan documents within thirty (30) days after receiving your written request. You may also review the plan documents at your Local Union office - IBEW Local 364, 6820 Mill Road, Rockford, IL 61108-2504.

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I. ELIGIBILITY, PARTICIPATION, AND VESTING

A. Eligibility

To be eligible to participate in the NECA-IBEW Local No. 364 SUB Fund you must meet both of the following conditions:

- 1) You must work for a Participating Employer who is required to make contributions specified by the Collective Bargaining Agreement (CBA) or other written agreement with the Trustees.

- 2) You must be eligible to participate in the NECA-IBEW Local No. 364 Defined Contribution Pension Fund (the "Pension Fund"), or eligible to receive contributions to a similar plan under the National Reciprocity Agreement

B. Participation

You will become a Participant in the Plan upon receiving your first contributions to the Plan. Generally that occurs after completing your first apprenticeship year. If after retirement, you return to employment in the jurisdiction of the Plan, you will be treated as a new Participant.

When you become a Participant in the Plan, the Trustees will open an Individual Account in your name. After each Valuation Date, you will be given a written report indicating the contributions made by Participating Employers to your Individual Account and the Net Investment Income allocated to your Individual Account.

C. Vesting

"Vesting" defines your right to receive the benefits you have earned in the SUB Fund. Once you become a SUB Fund participant, contributions made on your behalf are 100% vested, which means that generally the benefits in your Individual Account cannot be taken away from you.

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II. CONTRIBUTIONS AND VALUATION

A. Employer Contributions

The Plan is funded solely through Employer Contributions. Your Employer contributes the amount specified in the Collective Bargaining Agreement or other written agreement until the contributions to your account reach \$6,000.

Once Employer Contributions to your account reach or exceed \$6,000 by the end of any calendar month, the Employer Contributions to your Account will stop. The amount that the Employer is required to contribute to the Plan will instead be contributed to the Pension Plan.

If the amount of Employer Contributions in your account should fall below \$6,000 due to benefit distributions, Employer Contributions will be deposited to your account until the balance of Employer Contributions once again reaches \$6,000 by the end of any month.

Contributions to the SUB Fund will not be made for individuals who are not eligible. When you work outside the jurisdiction of IBEW Local 364, you will receive only the contributions due under the CBA in effect in the jurisdiction where you are working, or the contributions due under the Local 364 CBA, whichever is less. Contributions will be accepted only if they are in compliance with applicable federal law and the rules of the Plan.

Participants are not permitted by federal law to make contributions to this Plan.

B. Investment of Employer Contributions

Contributions to the Plan are combined into a single Trust Fund held at Charles Schwab & Company. The Trustees invest the assets in professionally-managed investment vehicles, such as mutual funds, collective investment trusts, and private funds. The Trustees may also hire investment managers with responsibility for separately managed accounts established exclusively for the Fund.

Your account, along with all other participant accounts, is allocated a pro rata share of any gains, losses, and expenses of the Trust Fund based on the value of your Individual Account. As part of this earnings allocation, the Trustees may establish or maintain a reserve to cover appropriate Plan expenses. The value of your account will

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depend on the amount of employer contributions, investment gains or losses, and fund expenses.

Each month, the Administrative Manager will mail to each active participant (with reported contributions to their account during that month) a statement showing the amount of the monthly Employer Contributions that were deposited into his/her account. All participants will also receive at least yearly a statement showing the Employer Contributions made during the year and the investment earnings/losses attributable to their Individual Account. The balance of your Individual Account is the only amount that is eligible to be paid under the distribution options in the Plan.

You should promptly notify the Administrator Manager if you think the statement is not correct. You should also keep the Administrative Manager advised of changes in your mailing address.

C. Allocation of Net Investment Income

The Fund is generally valued annually at the end of the Plan Year, but the Trustees may elect to establish additional valuation dates. Your share of the Net Investment Income is based on the proportion that your Individual Account bears to the total of all accounts invested in the Plan. Net Investment Income will only be allocated to the Individual Accounts with balances equal to or greater than \$100 prior to the earnings allocation; any Participant who has a balance of less than \$100 will not be included in the earnings allocation.

Net Investment Income is calculated by subtracting administrative and investment expenses from the total income, gains, and losses for the Trust Fund. The proportion of the Net Investment Income allocated to your Individual Account is based on the average balance of your Individual Account, calculated by adding your balance from the last Valuation Date (after the earnings allocation) to your balance on the current Valuation Date (prior to the earnings allocation) divided by two. Net Investment Income will then be allocated based on the ratio of your average account balance to the average account balance of all participants eligible to receive an earnings allocation on the Valuation Date.

The Trust Fund is not guaranteed and the value of your Individual Account can decline.

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III. BENEFITS

A. Eligibility to Receive Benefits

You must receive \$1,200 in Employer Contributions to your Individual Account before you can receive a benefit under the Plan. You will become eligible to receive benefits the month following the month your Employer Contributions reach \$1,200. You will remain eligible for supplemental unemployment benefits so long as you retain at least \$25 in your Individual Account.

Benefits are not 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, benefits are not payable for any week when there is a strike or other labor dispute that under State law precludes payment of State unemployment compensation benefits. In addition, you are not eligible for benefits under this Plan if you are not actively seeking employment when you are able to work; or you are receiving disability benefits which make you ineligible to receive State unemployment benefits.

B. Unemployment Benefits

The Plan will pay you \$300/week, or the balance remaining in your account if less than \$300, 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 payment amounts. As required by law, all applicable federal taxes will be withheld from this benefit.

Example: You have \$2,600 in your account when you become unemployed. You remain unemployed for 4 full weeks and receive \$300 as a SUB Benefit for each of those weeks. Your account will be charged \$300 for each week, or a total of \$1,200, leaving you with a balance of \$1,400.

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 requirement of \$1,200 in Employer Contributions.

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If your account has less than \$300 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.

C. Supplemental Disability and Workers Compensation Benefits

If you are disabled and receiving loss of time benefits under the NECA-IBEW Local No. 364 Welfare Trust Fund (Health Care Plan) or workers compensation benefits, you may, at your option, receive weekly benefit payments from this Plan. These payments will be for a pre-tax amount of \$300/week received for a maximum period of twelve (12) weeks. These payments shall reduce your Individual Account in the same manner as payments received for unemployment benefits described above.

D. Severance Benefits

The Plan shall provide a severance benefit of your entire Individual Account balance upon your request, if you have been separated from service for at least six (6) months. Such a severance from employment may be evidenced by no reported employer contributions to the Pension Plan or Health Care Plan for a period of at least six (6) consecutive calendar months.

E. Retiree Benefits

Retiree Benefits are payable when you have, 1) reached age sixty (60), 2) had no contributions to the Health Care Plan or the Pension Plan for at least ninety (90) days, and 3) completely retired as an electrician in the electrical industry.

When you are eligible for Retiree Benefits, your SUB Fund Account will be used to supplement any Retiree Coverage under the Health Care Plan as follows:

- 1) Following the exhaustion of your extended benefit credits under the Health Care Plan, your account under this SUB Fund will be used to satisfy the retiree benefit requirements under the Health Care Plan until your Individual Account is exhausted, or you die.

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- 2) Any balance remaining in your Individual Account at the time of your death will be paid to your surviving beneficiaries in the form of a death benefit.

F. Family or Medical Leave Benefits

Family or Medical Leave Benefits will be payable for any week or portion thereof during which you are not entitled under State law to receive State unemployment compensation benefits and in which you are on a leave of absence from your employer for the purpose of a Family Leave of Absence or a Medical Leave of Absence, as defined below:

- 1) A Family Leave of Absence is an unpaid leave taken in order to care for a natural, adoptive or foster child,
1) by the natural parent for the birth of his or her natural child, or 2) by an adoptive parent at the time of adoption, or 3) by a foster parent at the time of placement of a foster child.
- 2) A Medical Leave of Absence is an unpaid leave taken in order to provide needed care for the person's spouse, son, daughter or parent ("Family Member") who has a serious health condition. A serious health condition is an illness, injury, impairment or physical or mental condition that involves inpatient care or continuing treatment by a health care provider.

The Family and Medical Leave benefit is \$300 for each week that you are on a leave of absence from your employer for family or medical leave purposes. If a Family or Medical Leave is taken for a portion of a week, the benefit will be pro-rated based on a five-day workweek and an eight (8) hour day.

The maximum length of the Family and Medical Leave benefit will be eight (8) weeks [forty days] in any twelve (12) month period.

G. Jury Duty Benefits

The Plan will pay a benefit of \$300 for each week that you are on Jury Duty. If your Jury Duty extends for less than a week, the benefit will be pro-rated based on a five-day workweek and an eight (8) hour day.

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The maximum length of this benefit will be three (3) weeks (or fifteen (15) days) in any twelve (12) month period. Benefits will be payable for any week or portion thereof during which you are not entitled under State law to receive State unemployment compensation or in which you are on a leave of absence from your employer for Jury Duty.

H. Death Benefits

The death benefit under the Plan is the balance in your Individual Account at the time of your death. The beneficiary that you selected in the enrollment forms for the Plan benefit will be entitled to the death benefits. If you did not select a beneficiary under this Plan, the named beneficiary under the Pension Plan shall be entitled to this death benefit.

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

- 1) Spouse of Participant;
- 2) Children of Participant; or
- 3) 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.

I. Applying for Benefits

Standard Unemployment Application - You must be unemployed for the period in question. You must file a written application with the Fund Office. You must present a State benefit check stub (or a satisfactory copy of a check for State unemployment benefits) with adequate identification of the period for which the State benefit was paid. The State benefit check stub may be from the State of Illinois or any other State where you are entitled to draw unemployment compensation benefits. The Benefits Coordinator will determine the adequacy of the application and the supporting documentation.

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When State Benefits are Exhausted - You may also be eligible for benefits after you have exhausted State unemployment benefits if all of the following conditions are met:

- 1) You present a State benefit stub based on a week of unemployment during the last 12 months;
- 2) 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
- 3) You present adequate proof of unemployment for the week in which you seek the Plan benefit, such as your availability for, but lack of work, in the Union's jurisdiction.

Family or Medical Leave - A person applying for either a Family or Medical Leave benefit will be required to provide evidence that the participant has taken an unpaid leave of absence from the participant's employer and that the person has not received and will not receive State unemployment compensation benefits for the period of the leave of absence.

A participant applying for the Family Leave benefit will also be required to provide proof that the participant or spouse is pregnant or has given birth to a child, has adopted a child, or has become a foster parent.

A person applying for the Medical Leave benefit will be required to provide medical certification that the person is needed to care for the Family Member which includes situations where, because of a serious health condition, the person is:

- 1) Providing direct care to a Family Member who is unable to care for his or her own basic medical, hygienic, or nutritional needs or safety or is unable to transport himself or herself to the health care provider;
- 2) Providing psychological comfort and reassurance which would be beneficial to the Family Member with

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a serious health condition who is receiving inpatient or home care; or

- 3) Filling in for others who are caring for the Family Member or to make arrangements for changes in the Family Member's care.

J. Military Service

Generally, you will receive contributions to the Plan only for periods of employment with an Employer. When you are away from covered employment due to uniformed military service covered by The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and return to work for a contributing employer following an honorable discharge your Plan benefits will be protected as follows:

- 1) No benefits already accrued will be forfeited, and
- 2) There will be no need to re-qualify for participation in the Plan

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

Please contact the Fund Office for more information if you believe you may be entitled to contributions due to military service. 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. For example:

<u>Your Length of Military Service Was</u>	<u>You Must Return to Work</u>
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

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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, 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.

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IV. APPLICATION FOR BENEFITS AND APPEALS

A. Application for Unemployment Benefits

You should promptly file a claim for unemployment benefits under this Plan as soon as you receive your first State unemployment compensation benefit check. The application should be filed with the Local Union office.

IBEW Local 364
6820 Mill Road
Rockford, IL 61108
(815) 398-6282

Present an original or a copy of your State unemployment check stub to the Local Union as required proof. Alternatively, you may supply the Local Union with a clean photocopy of your State unemployment compensation benefit check.

To the degree that the required information is not shown on the check or stub, you must present a document from the State unemployment office showing the period of unemployment for which the State unemployment compensation benefit check is being paid.

Benefits 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 12).

B. Time Limit

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

C. Disputed Unemployment Claims

Unemployment 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 12).

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 unemployment benefits unless

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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 the right to benefits under the Plan. When and if the State benefit is paid and adequate evidence of such payment is promptly presented to the Fund Office, the benefit will be paid by this Plan.

D. Application for Retiree Benefits

Contact the Local Union Office as indicated above to secure the appropriate form for making a claim for Retiree Benefits and selecting one of the options described in Article III.E.

E. Application for Death Benefits

Contact the Local Union Office as indicated on the previous page 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.

F. 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 the 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.

G. Application for Family Leave and Medical Leave Benefits

Contact the Local Union Office to secure the appropriate application form and instructions for the Family Leave or Medical Leave benefit. As part of the application process, you will be required to submit to the Plan the information set forth under the heading "Applying for Benefits" as well as any other information required by the Trustees in order to verify your eligibility for and entitlement to the Family or Medical Leave benefit.

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V. OTHER PLAN FEATURES

A. Amendment and Termination

It is the Trustees' intention to continue the 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.

B. 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.

C. Severability Clause

If any provision 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.

D. 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, increase, 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.

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E. Contributing Employers

The names of the Employers contributing to this 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 in writing from the Trustees.

F. Collective Bargaining Agreements

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 NECA, the Local Union, and the Fund.

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STATEMENT OF ERISA RIGHTS

As a participant in the NECA-IBEW Local No. 364 Supplemental Unemployment Benefit Fund, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974, as amended (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Administrative Manager's office and at other specified locations, such as worksites and union halls. Copies of all documents governing the Plan, including insurance contracts, collective bargaining agreements, and a copy of the latest annual report (IRS Form 5500 Series) filed by the Plan with the U.S. Department of Labor are available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Administrative Manager, copies of documents governing the operation of the Plan; including insurance contracts and collective bargaining agreements, copies of the latest annual report, and updated Plan Description. You may also, upon written request, obtain information as to whether a particular Employer is a sponsor of the Plan and, if so, the Employer's address. The Administrative Manager may charge a reasonable fee for the copies.

Receive a summary of the Plan's annual financial report. The Administrative Manager is required by law to furnish each Participant with a copy of the Summary Annual Report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan Participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently 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 under the Plan or exercising your rights under ERISA.

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Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Administrative Manager to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrative Manager.

If you have a claim for benefits, which is denied or ignored in whole or in part, you may file suit in a state or Federal court. If you believe that 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 should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees. For example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about the Plan, you should contact the Administrative Manager. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Administrative Manager, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, Francis Perkins Building, 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.

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CLAIMS PROCEDURE

How is a claim for benefits made?

Whenever you wish to apply for benefits under the Plan, you should complete the Application Form approved by the Trustees. Copies of these forms can be obtained through your Local Union Office - IBEW Local 364, 6820 Mill Road, Rockford, IL 61108.

Any questions you may have concerning the completion or submission of your Application Form can be answered by inquiring at your Local Union Office, or from the Fund Office - TIC International, 6525 Centurion Drive, Lansing, Michigan 48917-9275, by calling (877) 364-4239, or faxing to (517) 321-7508.

Your completed Application Form should be submitted to the Local Union Office, and that Office will assist you in understanding your benefits under the Plan. An application for benefits must be filed within thirty (30) days of the date on your State unemployment benefit check.

If my claim is denied, may I appeal?

If your claim for benefits is denied, you or your authorized representative may appeal to the Board of Trustees in writing for a review of that denial. Your appeal must be in writing and must be received in the Fund Office within 60 days of the day you receive the letter denying your claim. You, or your authorized representative, will have the opportunity to review pertinent documents and other information relevant to your claim free of charge if you submit a written request to the Trustees. Reasonable access to, and copies of, relevant information will be provided upon request.

You, or your representative, may submit issues, comments, additional legal arguments and new information in writing to the Trustees for their consideration in your appeal. The Trustees' review of your appeal will take into account all materials and information you submit to them before their review of your appeal and their decision on it, whether or not such information was previously submitted or considered by the Trustees in the initial determination of your claim.

Upon receipt of your appeal, the Trustees will review your claim "de novo" (meaning "anew" and without deferring to the initial denial of your claim) and it will review the additional materials and information you submit, if any. The review will occur at the Trustees' first regularly scheduled meeting following receipt of your appeal, unless your appeal is filed less than thirty (30) days prior to such meeting. In that case, it will be reviewed at the

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subsequent Board meeting. If, due to special circumstances, the Trustees require additional time to review your appeal, you will be notified in writing of the special circumstances and when a determination will be made. The Trustees will communicate their decision and the reasons for that decision in writing within fifteen (15) business days after ruling on your appeal.

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DEFINITIONS

- A. **Beneficiary:** A person other than a Participant who is receiving or entitled to receive benefits from the Plan because of designation by a Participant or because of the provisions of the Plan.

- B. **Covered Employment:** Any employment in a capacity for which Employer Contributions are required to be paid to the Trust Fund by an employer in accordance with a collective bargaining agreement or other agreement.

- C. **Employee:** An individual who is in Covered Employment.

- D. **Employer:** A sole proprietorship, partnership, firm, or corporation which is required to make Employer Contributions to the Trust Fund on behalf of its Employees under a collective bargaining agreement or other agreement acceptable to the Trustees.

- E. **Employer Contributions:** The contributions made by an Employer on behalf of an Employee as required by the collective bargaining agreement or other agreement acceptable to the Trustees.

- F. **IBEW:** The International Brotherhood of Electrical Workers.

- G. **Individual Account or Account:** The account established by the Trustees on behalf of each Participant to record the Employer Contributions made on your behalf to the Trust Fund and allocated Net Investment Income. Such an Account shall be maintained by the Trustees until the balance is reduced to zero.

- H. **NECA:** The Northern Illinois Chapter of the National Electrical Contractors Association.

- I. **Net Investment Income:** Net Investment Income means the aggregate of all interest, dividends and other investment gains or losses (whether realized or unrealized) earned by the Trust Fund since the previous Valuation Date minus specified investment and administrative expenses incurred by the Trust Fund during the same period.

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- J. **Participant:** An Employee for whom the Trust Fund receives eligible contributions.

- K. **Plan:** The NECA-IBEW Local No. 364 Supplemental Unemployment Benefit Fund constituted on September 1, 2003, as amended.

- L. **Plan Year:** The twelve consecutive month period beginning May 1st and ending April 30th of the next succeeding year.

- M. **Trust Agreement:** The Agreement and Declaration of Trust establishing the NECA-IBEW Local No. 364 Supplemental Unemployment Benefit Fund, entered into as of September 1, 2003, as that instrument may from time to time be amended.

- N. **Trust Fund:** The NECA-IBEW Local No. 364 Supplemental Unemployment Benefit Fund.

- O. **Trustees:** The Board of Trustees, consisting of Employer Trustees and Union Trustees, who have been appointed as provided by the Trust Agreement and as constituted from time to time in accordance with the provisions of the Trust Agreement.

- P. **Union:** The International Brotherhood of Electrical Workers Local No. 364.

- Q. **Valuation Date:** The last business day in April as defined by the New York Stock Exchange, or such other dates as provided by the Trustees.