

Amendment No. 7

to the

IBEW Local 347 Electrical Workers Health and Welfare Fund Combination Plan Document and Summary Plan Description

WHEREAS, Section 13.10 of the IBEW Local 347 Electrical Workers Health and Welfare Fund Combination Plan Document and Summary Plan Description ("Plan"), restated effective September 1, 2012 provides that the Board of Trustees has complete power and discretion to amend the Plan, in whole or in part, at any time;

WHEREAS, it is the desire of the Board of Trustees to amend the provisions of the Plan;

NOW, THEREFORE, BE IT RESOLVED that the Plan shall be amended as follows:

ARTICLE I – ELIGIBILITY

Effective October 1, 2017, Article I shall be amended at Section 1.13 by deleting subsection (a) and inserting in its place the following subsection (a):

(a) Termination of Eligibility and Coverage for Employees

An Employee's eligibility and coverage as a Covered Employee will terminate (i.e. he will no longer be an Eligible Employee or a Covered Employee) as of 12:01 a.m. on the earliest of the following days:

- (1) The first day of the calendar month in which he does not have enough contributions in his Dollar Bank to pay the Monthly Premium and he does not self-pay the difference between the amount of contributions in his Dollar Bank and the Monthly Premium in accordance with Section 1.03;
- (2) The first day of the calendar month following the month that he has received coverage in accordance with the Complete Self-Pay provisions of Section 1.03(b)(2) for 12 consecutive months;
- (3) The effective date of his Retiree coverage under the Plan;
- (4) The first day of the calendar month following the month that he entered the Uniformed Services so long as he is still in the Uniformed Services on the last day of that month (e.g. if the Employee entered the Uniformed Services on June 7, 2017, the Employee's eligibility and coverage from the Plan would terminate on July 1, 2017 so long as the Employee is still in the Uniformed Services on June 30, 2017);
- (5) If the Employee becomes employed in the electrical industry by an employer having no obligation to contribution to this Plan, the first day of the calendar month following the month that the work for the non-contributing employer was first performed; or
- (6) The first day of the calendar month following his death.

If an Employee's eligibility and coverage are terminated in accordance with this Section 1.13(a), the Employee will only regain eligibility and coverage as a Covered Employee if his eligibility and coverage are reinstated in accordance with Section 1.15(a) (other than under any continuation rules required by applicable law).

Effective January 1, 2018, Article I shall be amended at Section 1.13 by deleting subsection (a) and inserting in its place the following subsection (a):

(a) Termination of Eligibility and Coverage for Employees

An Employee's eligibility and coverage as a Covered Employee will terminate (i.e. he will no longer be an Eligible Employee or a Covered Employee) as of 12:01 a.m. on the earliest of the following days:

- (1) The first day of the calendar month in which he does not have enough contributions in his Dollar Bank to pay the Monthly Premium and he does not self-pay the difference between the amount of contributions in his Dollar Bank and the Monthly Premium in accordance with Section 1.03;
- (2) The first day of the calendar month following the month that he has received coverage in accordance with the Complete Self-Pay provisions of Section 1.03(b)(2) for 12 consecutive months;
- (3) The effective date of his Retiree coverage under the Plan;
- (4) The first day of the calendar month following the month that he entered the Uniformed Services so long as he is still in the Uniformed Services on the last day of that month (e.g., if the Employee entered the Uniformed Services on June 7, 2017, the Employee's eligibility and coverage from the Plan would terminate on July 1, 2017 so long as the Employee is still in the Uniformed Services on June 30, 2017);
- (5) If the Employee becomes employed in the electrical industry by an employer having no obligation to contribution to this Plan, the first day of the calendar month following the month that the work for the non-contributing employer was first performed;
- (6) The first day of the sixth consecutive month that the Employee or former Employee has been employed in a non-bargaining unit position for an Employer and has not had contributions remitted to the Plan on his behalf (i.e. if an Employee or former Employee becomes employed in a non-bargaining unit position for an Employer and he no longer has contributions remitted to the Plan on his behalf, he can remain covered by the Plan for a maximum of five months); or
- (7) The first day of the calendar month following his death.

If an Employee's eligibility and coverage are terminated in accordance with this Section 1.13(a), the Employee will only regain eligibility and coverage as a Covered Employee if his eligibility and coverage are reinstated in accordance with Section 1.15(a) (other than under any continuation rules required by applicable law).

Effective October 1, 2017, Article I shall be amended at Section 1.14 by deleting subsection (a) and inserting in its place the following subsection (a):

(a) Forfeiture of Dollar Bank and Termination of Eligibility for Employees

An Employee's Dollar Bank will be forfeited and he will no longer be eligible for coverage (i.e. he will not be an Eligible Employee and he will not be allowed to self-pay) if (1), (2) or (3)) occurs:

- (1) If an Employee or former Employee becomes employed in the electrical industry by an employer having no obligation to contribute to the Plan, the Employee (or former Employee) will permanently forfeit all of the contributions in his Dollar Bank on the first day of the month following the month during which the work for the non-contributing employer was first performed;
- (2) If an Employee or former Employee is not covered under the Plan for seven years and he does not have any contributions credited to his Dollar Bank during those seven years (i.e. he is not covered under the Plan for 84 consecutive months and he does not have any contributions credited to his Dollar Bank during those 84 months), he will permanently forfeit all of the contributions in his Dollar Bank; or
- (3) If an Employee or former Employee dies and on the date of his death he does not have a surviving spouse who is eligible to continue coverage under the Plan in accordance with Section 1.22, all of the contributions in the Employee's (or former Employee's) Dollar Bank will be forfeited on the first day of the month following his death. If an Employee or former Employee dies and on the date of his death he has a surviving spouse who is eligible to continue coverage under the Plan in accordance

with Section 1.22, the date the surviving spouse is no longer eligible to continue coverage shall be treated as the date of the Employee's (or former Employee's) death for purposes of this Section 1.14(a)(3). In other words, if an Employee's (or former Employee's) surviving spouse is eligible to continue coverage in accordance with Section 1.22, and she subsequently loses eligibility for coverage, all of the contributions in the Employee's (or former Employee's) Dollar Bank will be forfeited on the first day of the month following the day the surviving spouse is no longer eligible to continue coverage under the Plan.

Effective January 1, 2018, Article I shall be amended at Section 1.14 by deleting subsection (a) and inserting in its place the following subsection (a):

(a) Forfeiture of Dollar Bank and Termination of Eligibility for Employees

An Employee's Dollar Bank will be forfeited and he will no longer be eligible for coverage (i.e. he will not be an Eligible Employee and he will not be allowed to self-pay) if (1), (2), (3), or (4) occurs:

- (1) If an Employee or former Employee becomes employed in the electrical industry by an employer having no obligation to contribute to the Plan, the Employee (or former Employee) will permanently forfeit all of the contributions in his Dollar Bank on the first day of the month following the month during which the work for the non-contributing employer was first performed;
- (2) If an Employee or former Employee becomes employed in a non-bargaining unit position for an Employer and he no longer has contributions remitted to the Plan on his behalf, he can use the contributions in his Dollar Bank to pay the Monthly Premium for a maximum of five months. After five months, the Employee's (or former Employee's) Dollar Bank will be frozen (i.e. his Dollar Bank will be frozen on the first day of the sixth month after he begins working in a non-bargaining unit position for an Employer). After seven years, the Employee will permanently forfeit the contributions in his Dollar Bank unless he re-establishes eligibility under the Plan in accordance with Section 1.15(a).
- (3) If an Employee or former Employee is not covered under the Plan for seven years and he does not have any contributions credited to his Dollar Bank during those seven years (i.e. he is not covered under the Plan for 84 consecutive months and he does not have any contributions credited to his Dollar Bank during those 84 months), he will permanently forfeit all of the contributions in his Dollar Bank; or
- (4) If an Employee or former Employee dies and on the date of his death he does not have a surviving spouse who is eligible to continue coverage under the Plan in accordance with Section 1.22, all of the contributions in the Employee's (or former Employee's) Dollar Bank will be forfeited on the first day of the month following his death. If an Employee or former Employee dies and on the date of his death he has a surviving spouse who is eligible to continue coverage under the Plan in accordance with Section 1.22, the date the surviving spouse is no longer eligible to continue coverage shall be treated as the date of the Employee's (or former Employee's) death for purposes of this Section 1.14(a)(4). In other words, if an Employee's (or former Employee's) surviving spouse is eligible to continue coverage in accordance with Section 1.22, and she subsequently loses eligibility for coverage, all of the contributions in the Employee's (or former Employee's) Dollar Bank will be forfeited on the first day of the month following the day the surviving spouse is no longer eligible to continue coverage under the Plan.

ARTICLE XV – DEFINITIONS

Effective January 1, 2018, Article XV shall be amended at Section 15.52 by deleting the Section in its entirety and inserting in its place the following Section 15.52:

Section 15.52 – Health Reimbursement Arrangement Account or HRA Account

“Health Reimbursement Arrangement Account” or “HRA Account” means an account that is established for a Participant and credited with the contributions in a Participant's Dollar Bank that exceed the maximum

\$5,400 of excess contributions that a Participant is allowed to accumulate in his Dollar Bank. The contributions in a Participant's HRA Account may be used to reimburse a Participant and/or his Dependent's for Allowable HRA Expenses in accordance with the rules in Article XVII – Health Reimbursement Arrangement (“HRA”) Benefits. A HRA Account is merely a record keeping account with the purpose of keeping track of contributions. A HRA Account consists solely of Employer contributions and is not credited with any income earned on the Plan's reserves. A HRA Account is a non-vested benefit and it can be forfeited in accordance with the rules in Article XVII – Health Reimbursement Arrangement (“HRA”) Benefits. For purposes of this Section 15.52, the term Participant includes a deceased Participant whose surviving spouse is covered under the Plan in accordance with Section 1.22 or Section 1.23 and a former Participant whose coverage from the Plan was terminated in accordance with Section 1.13(a)(6). For purposes of this Section 15.52, the term Dependent includes an individual who meets the criteria of Section 1.17(a) or 1.17(b) and had his coverage from the Plan terminated solely because the Participant's coverage from the Plan was terminated in accordance with Section 1.13(a)(6).

ARTICLE XVII – HEALTH REIMBURSEMENT ARRANGEMENT (“HRA”) BENEFITS

Effective January 1, 2018, Article XVII shall be amended by deleting the first five paragraphs of the Article in their entirety and inserting in their place the following:

This Article describes the Health Reimbursement Arrangement (“HRA”) Benefits which go into effect on May 1, 2013. Throughout this Article, the term Participant includes a deceased Participant whose surviving spouse is covered under the Plan in accordance with Section 1.22 or Section 1.23 and a former Participant whose coverage from the Plan was terminated in accordance with Section 1.13(a)(6). Throughout this Article, the term Dependent includes an individual who meets the criteria of Section 1.17(a) or 1.17(b) and had his coverage from the Plan terminated solely because the Participant's coverage from the Plan was terminated in accordance with Section 1.13(a)(6).

To understand the Plan's HRA Benefits, there are two definitions you need to know about. You need to know (1) the definition of HRA Account; and (2) the definition of Allowable HRA Expense.

A HRA Account is an account that is established for a Participant. When a Participant has accumulated \$5,400 of excess contributions in his Dollar Bank, any additional contributions will automatically be drawn from his Dollar Bank and credited to his HRA Account. The contributions in a Participant's HRA Account can be used to reimburse the Participant and his Dependents for Allowable HRA Expenses.

In general, an Allowable HRA Expense is an out-of-pocket expense for medical care that is incurred by a Participant or a Dependent after May 1, 2013 and is not reimbursed by any other source or taken as an income tax deduction. Monthly Premium and Retiree Premium payments are considered Allowable HRA Expenses.

These rules are explained in greater detail below.

Effective January 1, 2018, Article XVII shall be amended at Section 17.02 by deleting the Section in its entirety and inserting in its place the following Section 17.02:

(a) “Coverage Period” means a calendar year, with the following exceptions:

- (1) For an individual who is a Participant on May 1, 2013, his first “Coverage Period” shall begin on May 1, 2013 (rather than January 1, 2013);
- (2) For an individual who becomes a Participant after May 1, 2013, his first “Coverage Period” shall begin on the day he becomes a Participant;

- (3) For a Participant who has his coverage terminated in accordance with Section 1.13(a)(1), Section 1.13(a)(2), Section 1.13(a)(4), Section 1.13(a)(5), Section 1.13(a)(7) or Section 1.13(b) his last "Coverage Period" shall end on the date his coverage is terminated (other than under any continuation rules required by applicable law); and
- (4) For a Participant who has his coverage terminated in accordance with Section 1.13(a)(6), his last "Coverage Period" shall end on the date that the balance in his HRA Account is \$0.00.

Effective October 1, 2017, Article XVII shall be amended at Section 17.04 by deleting subsection (a) and inserting in its place the following subsection (a):

(a) Forfeiture of HRA Account for Employees

An Employee's HRA Account will be forfeited if (1), (2), or (3) occurs:

- (1) If an Employee or former Employee becomes employed in the electrical industry by an employer having no obligation to contribution to this Plan, the Employee (or former Employee) will permanently forfeit all of the contributions in his HRA Account on the first day of the month following the month during which the work for the non-contributing employer was first performed;
- (2) If an Employee or former Employee is not covered under the Plan for seven years and he does not have any contributions remitted to the Plan on his behalf during those seven years (i.e. he is not covered under the Plan for 84 consecutive months and he does not have any contributions remitted to the Plan on his behalf for those 84 months), he will permanently forfeit all of the contributions in his HRA Account; or
- (3) If an Employee or former Employee dies and on the date of his death he does not have a surviving spouse who is eligible to continue coverage in accordance with Section 1.22, all of the contributions in the Employee's (or former Employee's) HRA Account will be forfeited on the first day of the month following his death. If an Employee or former Employee dies and on the date of his death he has a surviving spouse who is eligible to continue coverage under the Plan in accordance with Section 1.22, the date the surviving spouse is no longer eligible to continue coverage shall be treated as the date of the Employee's (or former Employee's) death for purposes of this Section 17.04(a)(3). In other words, if an Employee's (or former Employee's) surviving spouse is eligible to continue coverage in accordance with Section 1.22, and she subsequently loses eligibility for coverage, all of the contributions in the Employee's (or former Employee's) HRA Account will be forfeited on the first day of the month following the day the surviving spouse is no longer eligible to continue coverage under the Plan.

Effective January 1, 2018, Article XVII shall be amended at Section 17.04 by deleting the Section in its entirety and inserting in its place the following Section 17.04:

Section 17.04 – Forfeiture of HRA Account

(a) Forfeiture of HRA Account for Employees

An Employee's HRA Account will be forfeited if (1), (2), (3) or (4) occurs:

- (1) If an Employee or former Employee becomes employed in the electrical industry by an employer having no obligation to contribution to this Plan, the Employee (or former Employee) will permanently forfeit all of the contributions in his HRA Account on the first day of the month following the month during which the work for the non-contributing employer was first performed;
- (2) If an Employee or former Employee is not covered under the Plan for seven years, the Employee or former Employee does not have any contributions remitted to the Plan on his behalf during those seven years and the Employee or former Employee does not receive any reimbursements from his HRA Account for expenses that were incurred by the Employee or former Employee or one of his Dependents during those seven years (i.e., he is not covered

under the Plan for 84 consecutive months, he does not have any contributions remitted to the Plan on his behalf for those 84 months and he does not receive any reimbursements from his HRA Account for expenses that he incurred during those 84 consecutive months), he will permanently forfeit all of the contributions in his HRA Account;

- (3) If an Employee or former Employee dies and on the date of his death he does not have a surviving spouse who is eligible to continue coverage in accordance with Section 1.22, all of the contributions in the Employee's (or former Employee's) HRA Account will be forfeited on the first day of the month following his death. If an Employee or former Employee dies and on the date of his death he has a surviving spouse who is eligible to continue coverage under the Plan in accordance with Section 1.22, the date the surviving spouse is no longer eligible to continue coverage shall be treated as the date of the Employee's (or former Employee's) death for purposes of this Section 17.04(a)(3). In other words, if an Employee's (or former Employee's) surviving spouse is eligible to continue coverage in accordance with Section 1.22, and she subsequently loses eligibility for coverage, all of the contributions in the Employee's (or former Employee's) HRA Account will be forfeited on the first day of the month following the day the surviving spouse is no longer eligible to continue coverage under the Plan; or
- (4) If an Employee or former Employee wants to permanently opt out of and waive his ability to receive future reimbursements from his HRA Account, the Employee (or former Employee) may forfeit his HRA Account by providing the Fund Office a written election to permanently forfeit his HRA Account. If an Employee (or former Employee) provides the Fund Office a written election to permanently forfeit his HRA Account, the Employee (or former Employee) will permanently forfeit all of the contributions in his HRA Account on the first day of the month following the month in which the Employee (or former Employee's) written election to permanently forfeit his HRA Account was postmarked or otherwise positively received by the Fund Office.

(b) Forfeiture of HRA Account for Retirees

A Retiree's HRA Account will be forfeited if (1), (2) or (3) occurs:

- (1) If a Retiree becomes employed in the electrical industry by an employer having no obligation to contribute to this Plan, the Retiree will permanently forfeit all of the contributions in his HRA Account on the first day of the month following the month during which the work for the non-contributing employer was first performed;
- (2) If a Retiree dies and on the date of his death he does not have a surviving spouse who is eligible to continue coverage under the Plan in accordance with Section 1.23, all of the contributions in the Retiree's HRA Account will be forfeited on the first day of the month following his death. If a Retiree dies and on the date of his death he has a surviving spouse who is eligible to continue coverage under the Plan in accordance with Section 1.23, the date the surviving spouse is no longer eligible to continue coverage shall be treated as the date of the Retiree's death for purposes of this Section 17.04(b)(2). In other words, if a Retiree's surviving spouse is eligible to continue coverage in accordance with Section 1.23, and she subsequently loses eligibility for coverage (for example, if her coverage is terminated in accordance with Section 1.23 or if she was using other coverage in accordance with Section 1.19(b) and she did not elect coverage under this Plan within 90 days of losing the other coverage), all of the contributions in the Retiree's HRA Account will be forfeited on the first day of the month following the day the surviving spouse is no longer eligible to continue coverage under the Plan; or
- (3) If a Retiree wants to permanently opt out of and waive his ability to receive future reimbursements from his HRA Account, the Retiree may forfeit his HRA Account by providing the Fund Office a written election to permanently forfeit his HRA Account. If a Retiree provides the Fund Office a written election to permanently forfeit his HRA Account, the Retiree will permanently forfeit all of the contributions in his HRA Account on the first day of the

month following the month in which the Retiree's written election to permanently forfeit his HRA Account was postmarked or otherwise positively received by the Fund Office.

Effective January 1, 2018, Article XVII shall be amended at Section 17.05 by deleting the Section in its entirety and inserting in its place the following Section 17.05:

Section 17.05 – Allowable HRA Expenses

The contributions in a Participant's HRA Account may be used to reimburse a Participant and his Dependents for Allowable HRA Expenses. An Allowable HRA Expense is an expense that meets the criteria of (a), (b), (c), (d), (e), and (f) below:

- (a) The expense was incurred by a Participant or a Dependent during a "Coverage Period". This means expenses incurred when an individual is not covered by the Plan are not Allowable HRA Expenses unless the expenses are incurred by a Participant or a Dependent of a Participant whose coverage was terminated in accordance with Section 1.13(a)(6). This also means that expenses incurred before May 1, 2013 are not Allowable HRA Expenses;
- (b) The expense is for "medical care" as that term is defined by Internal Revenue Code Section 213(d) (see below for examples of items that meet this criteria);
- (c) If the expense is incurred for medicine or drugs (other than insulin), the medicine or drug must be prescribed even if the medicine or drug is an over-the-counter drug. This means over-the-counter drugs (other than insulin) are only Allowable HRA Expenses if they are purchased with a prescription;
- (d) The expense is not specifically excluded by Section 17.06;
- (e) The expense was not reimbursed (and will not be reimbursed) by any other health plan, insurance, or other source or entity; and
- (f) The expense was not taken (and will not be taken) as a tax deduction on a Participant's (or his Dependent's) income tax return.

The following is a list of examples of medical care expenses that meet the criteria of Sections 17.05(b), (c), and (d) above. Please note that for an item listed below to be considered an Allowable HRA Expense, it must also meet the criteria of 17.05(a), (e), and (f) above.

This is only a partial list and it does not include all expenses that meet the criteria of Sections 17.05(b), (c), and (d) above. For information on whether a specific expense is considered an Allowable HRA Expense contact the Fund Office.

- Abortion (as long as it is a legal operation)
- Acupuncture
- Alcoholism Treatment
- Ambulance Service
- Artificial Limbs
- Artificial Teeth
- Bandages
- Birth Control Pills (as long as they are prescribed, even if available without a prescription)
- Body Scans
- Braille Books and Magazines (only amounts above the cost of regular printed material)
- Breast Pumps and Supplies

- Breast Reconstruction Surgery Following Mastectomy
- Chiropractic Care
- Christian Science Practitioner (only fees paid for medical care)
- Co-insurance Amounts (as long as the underlying service/item qualifies)
- Contact Lenses, Materials, and Equipment (only if the contact lenses are needed for medical purposes. Does not include contact lenses for cosmetic purposes, such as to change eye color)
- Co-payments (as long as the underlying service/item qualifies)
- Crutches
- Deductibles (as long as the underlying service/item qualifies)
- Dental Treatment (includes preventative treatment, x-rays, fillings, braces, extractions, and dentures. Does not include teeth whitening)
- Diagnostic Items and Services
- Drug Addiction Treatment
- Drugs and Medicine (only if the drug or medicine is prescribed or is Insulin)
- Eye Examinations, Eyeglasses, Equipment, and Materials (only if needed for medical purposes. Includes prescription sunglasses)
- Eye Surgery (includes laser eye surgery)
- Fertility Enhancements (only to the extent procedures are intended to overcome an inability to have children)
- Guide Dog or other Service Animal
- Hearing Aids
- Hospital Services
- Laboratory Fees
- Lead-Based Paint Removal (only if it is to prevent a child who has (or has had) lead poisoning from eating the paint)
- Long-term Care Services and Insurance Premiums (only amounts paid for qualified long-term care services and premiums paid for qualified long-term care insurance contracts)
- Medicare Part B Premiums
- Monthly Premium and Retiree Premium Payments (only if they are paid to the IBEW Local 347 Electrical Workers Health and Welfare Fund in accordance with Section 1.03, Section 1.09, Section 1.22 or Section 1.23. Does not include COBRA premiums)
- Operations (as long as it is a legal operation and is not a cosmetic procedure)
- Osteopath Fees
- Oxygen and Oxygen Equipment
- Physical Exams
- Psychiatric Care
- Psychologist Fees
- Smoking Cessation Programs (does not include amounts paid for drugs that are not prescribed)
- Sterilization Procedures (including a vasectomy)
- Telephone and Television Equipment for Hearing-Impaired Persons

- Therapy (only amounts paid for medical treatment)
- Transplants (includes surgical, hospital, and laboratory services as well as transportation expenses for organ donors)
- Transportation Expenses (only amounts paid for transportation primarily for, and essential to, medical care)
- Tuition for Special-needs Program (only if the primary purpose is medical care)
- Weight-loss Programs and/or Drugs Prescribed to Induce Weight Loss (only if recommended by a physician to treat a specific medical condition (such as obesity, hypertension, or heart disease). This includes fees paid for membership in a weight reduction group as well as fees for attendance at periodic meetings. This also includes special food if it does not satisfy normal nutritional needs, it alleviates or treats an illness, and the need for the food is substantiated by a physician. See Section 17.06 for exclusions related to weight-loss)
- Wheelchairs
- Wigs (only if it is prescribed by a physician for the mental health of a patient who has lost all of his hair from disease or treatment)
- X-ray Fees

Effective January 1, 2018, Article XVII shall be amended at Section 17.07 by deleting subsection (a) and inserting in its place the following subsection (a):

(a) Filing a Claim for Reimbursement

Claims for reimbursement from your HRA Account must be filed with CompuSys of Utah, Inc. at the address shown on page 1 of this Summary Plan Description. To receive reimbursement for an Allowable HRA Expense, you must submit a claim form to CompuSys of Utah, Inc. within 12 months after the date the expense was incurred. An expense incurred by a Participant or a Dependent during one "Coverage Period" may be reimbursed during a subsequent "Coverage Period" as long as the claim is submitted within 12 months after the date the expense is incurred. You must file claims for reimbursement on the Plan's HRA claim forms which are available at CompuSys of Utah, Inc. or at the website www.ibew347benefits.com. The general rules for filing a claim for reimbursement of Allowable HRA Expenses are as follows:

- The minimum required claim amount is \$25. That means that you should not submit a claim for reimbursement until the amount of the aggregate claims you are submitting for reimbursement is at least \$25. If the balance in your HRA Account is less than \$25, the Plan will only reimburse a claim if it is for the entire remaining balance.
- You must have already received the services, supplies, or prescription drugs for which you are requesting reimbursement.
- The claim may be filed by the person who incurred the Allowable HRA Expense, his authorized representative, or his personal representative (see Section 9.01 for additional information regarding when an individual is considered an authorized representative or a personal representative).
- You must include an itemized receipt for every Allowable HRA Expense. The receipt must include information describing the service or product, the date of the service or sale, and the amount. Neither a canceled check nor a credit card bill is an acceptable form of receipt.
- If the claim is for prescribed over-the-counter medicines, you must submit one of the following items with your claim:

- A receipt from a pharmacy which identifies the name of the purchase (or name of the person for whom the prescription applies), the date and amount of the purchase, and an Rx number; or
- A receipt from a pharmacy without an Rx number accompanied by a copy of the related prescription.
- If you have other insurance coverage that is secondary to this Plan, your claim must be filed with your secondary carrier before your claim for reimbursement is processed. You must include a copy of the secondary carrier's explanation of benefits (EOB) with your claim.

You must certify that the information on the claim form is complete and accurate. You must also certify that any expenses reimbursed are for you or your Dependent and that the expenses have not and will not be reimbursed by any other source or entity nor claimed as an income tax deduction. If the claim form is filed by a minor child, both the Participant and the minor child must provide these certifications.

IN WITNESS WHEREOF, we have hereunto affixed our signatures and approved this Amendment this 5th day of June, 2018.

UNION TRUSTEE



Chairman

EMPLOYER TRUSTEE



Secretary