

Date: **June 2020**

To: **All Active Employees, Retirees and their Dependents, including COBRA beneficiaries, enrolled in the PAMCAH-UA Local 675 Health and Welfare Fund**

PARTICIPANT NOTICE ABOUT BENEFIT MODIFICATIONS

This Participant Notice will advise you of certain material modifications that have been made to the PAMCAH-UA Local 675 Health and Welfare Plan (the “Plan”). **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully. Note: All benefits are subject to the terms of the Plan.

MAXIMUM PERIOD OF RETIREE HEALTH COVERAGE CHANGES

Effective September 1, 2020

Currently, the Fund makes Health and Welfare Fund Benefits available to Retirees who meet the eligibility requirements outlined in the Plan. For Retirees who first become eligible for Retiree coverage on or after September 1, 2020, Retiree Health Coverage will terminate 10 years (120 months) following his/her pension effective date under the PAMCAH-UA Local 675, unless another eligibility termination event occurs earlier.

Retirees eligible for Retiree Health coverage on or before August 31, 2020 will not experience any change to their maximum period of Retiree Health coverage of 15 years (180 months) following his/her pension effective date, unless another eligibility termination event occurs earlier.

As a reminder, if you are a Retiree (or spouse) who is eligible for Medicare, you **must enroll in both Part A and Part B of Medicare when you are first eligible** due to age or disability. Failure to do so will result in large out-of-pocket expenses that will not be reimbursed by this Plan as the Fund will, nevertheless, consider you to be enrolled in Medicare and provide benefits accordingly. Once enrolled in Medicare Part A and Part B, the Plan will provide you with medical coverage that supplements Medicare

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. Should you have any questions, please contact the Trust Fund Office at 808-536-4408.

Sincerely,
Board of Trustees

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact the Administrative Office.

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan. Please keep this document with your copy of the Summary Plan Description. In the event of any conflict, the terms of the Plan and SPD will control unless specified otherwise herein. The Board of Trustees reserves its right to amend or terminate the Plan in whole or in part at any time in its sole discretion.

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