

mailed
Feb 2019

**SUMMARY OF MATERIAL MODIFICATIONS
TO THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
OF THE
ELECTRICAL WORKERS LOCAL NO. 292 SUPPLEMENTAL UNEMPLOYMENT
BENEFIT PLAN
(2017 Restatement)**

IMPORTANT NOTICE TO PLAN PARTICIPANTS AND BENEFICIARIES

The Board of Trustees has amended the Plan. This notice summarizes the change and its effective date.

Amendment No. 1, Effective Date June 14, 2018.

The Plan Document has been amended to reduce the minimum Individual Account balance required for the purpose of making distributions and increasing certain weekly payments as follows:

- To be eligible for the Supplement Unemployment Benefit, the amount you must have received in employer contributions to your Individual Account between the last time that your Individual Account balance was \$25 or less, has been reduced from \$1,200 to \$625.
- The Supplement Unemployment Benefit has been increased from \$250 to \$300 per week.
- The Supplemental Disability and Workers Compensation Benefit has been increased from \$250 to \$300 per week.
- To be eligible for the Family Medical Leave Benefit, the amount of employer contributions that must have been credited to your Individual Account since the last day on which your Individual Account balance was \$25 or less, has been reduced from \$1,200 to \$600 per week.
- The balance at which the Plan may distribute your Individual Account balance has been reduced from \$1,200 to \$600 or less.

Please retain this notice with your current copy of the Plan Document and Summary Plan Description and insert the attached slip pages 4-6, 11, and 17, to replace the current page of the same number. If you have any questions about the Plan, contact the Fund Office at (763) 493-8830 or 1-800-368-9045.

SECTION 3 SUPPLEMENTAL UNEMPLOYMENT BENEFIT

Please see the section of this Summary Plan Description entitled "Claims Procedure" for information about claiming this benefit.

3.1. ELIGIBILITY FOR THE BENEFIT

To be eligible for the Supplemental Unemployment Benefit for a particular week, you must:

1. Have received at least \$625 in employer contributions to your Individual Account between the last time that your Individual Account balance was \$25 or less and the week;
2. Be a 2nd General Foreman, General Foreman, Foreman, CS/Welder/Tech 1 & 2, Journeyman Wireman, or an Apprentice who is a participant in the Defined Contribution Plan;
3. Be actually unemployed for the week; and
4. Include the following in your application:
 - a. Documentation verifying that you received a state unemployment benefit payment for the week. If you received unemployment benefits from the State of Minnesota, you must submit a true and accurate printout of the "General Information" and "Payment Information" screens from the Minnesota Unemployment Insurance website. If you received unemployment benefits from a state other than Minnesota, you must submit a copy of the stub from the state unemployment benefit check covering the week (and, if not otherwise shown, additional documentation from the state unemployment office showing that the check relates to the week); or
 - b. All of the following:
 - i. Proof of unemployment for the week (such as proof of availability for work in the Union's jurisdiction for the week);
 - ii. A copy of a stub from a state unemployment benefit check covering any week of unemployment within the last six (6) months (and, if not otherwise shown, additional documentation from the state unemployment office showing that the check relates to *that* week); and
 - iii. A true statement that you are ineligible for state unemployment compensation benefits ("State Benefits") for the week only because your current period of unemployment began after a period of reemployment that was too short to qualify for State Benefits or because you exhausted the duration of State Benefits within the prior twenty-six (26) weeks.

If you are ineligible for State Benefits for the week for another reason (such as a labor dispute which, by State law, precludes payment of State Benefits or because you are not actively seeking and able to work or because you are receiving disability benefits), you will not be eligible for the Supplemental Unemployment Benefit.

3.2. AMOUNT OF THE BENEFIT

The Supplemental Unemployment Benefit is \$300 per week (prior to applicable tax withholding).

SECTION 4 SUPPLEMENTAL DISABILITY AND WORKERS COMPENSATION BENEFIT

Please see the section of this Summary Plan Description entitled "Claims Procedure" for information about claiming this benefit.

4.1 ELIGIBILITY FOR THE BENEFIT

To be eligible for the Supplemental Disability and Workers Compensation Benefit for a week, you must be:

1. Disabled and have been receiving Loss of Time Benefits for the past six (6) weeks under the I.B.E.W. 292 Health Care Plan (the "Health Care Plan") or under an I.B.E.W./NECA health care plan that has entered into a reciprocal agreement with the Health Care Plan; or
2. Receiving workers compensation benefits for the week (after having been Disabled for the prior six (6) weeks).

4.2 AMOUNT OF THE BENEFIT

The Supplemental Disability and Workers Compensation Benefit is \$300 per week (prior to applicable tax withholding) until your account balance reaches the minimum of \$25.

4.3 WHEN PAID

Payment of Supplemental Disability and Workers Compensation Benefits will commence with regard to the seventh (7th) week of your Disability.

SECTION 9 FAMILY AND MEDICAL LEAVE BENEFIT

Please see the section of this Summary Plan Description entitled "Claims Procedure" for information about claiming this benefit.

9.1 ELIGIBILITY FOR THE BENEFIT

To be eligible for the Family and Medical Leave Benefit for a week, at least \$600 in employer contributions must have been credited to your Individual Account since the last day on which your Individual Account balance was \$25 or less. You must also:

1. Not be entitled to receive State unemployment compensation benefits for the week;
2. Be on an unpaid leave of absence from your employer for the week; and
3. Spend the week caring for:
 - A. A child recently: (i) born to you or your spouse; (ii) adopted by you; (iii) placed with you for adoption; or (iv) placed with you as a foster child, (and you must provide proof of the pregnancy, birth, adoption, or placement, as the case may be); or
 - B. Your spouse, child, or parent (a "Family Member") who has an illness, injury, impairment, or physical or mental condition involving in-patient care or continuing treatment by a health care provider (a "Serious Health Condition"), and you must provide medical certification that you are:
 - a. 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;
 - b. Providing psychological comfort and reassurance which would be beneficial to the Family Member with a Serious Health Condition who is receiving inpatient or home care; or
 - c. Filling in for others who are caring for the Family Member or making arrangements for changes in the Family Member's care.

9.2 AMOUNT OF THE BENEFIT

The Family and Medical Leave Benefit is \$300 per week. If your eligible leave lasts a portion of a week, the amount of the benefit for that week will be reduced pro rata based on a five (5) day work week and an eight (8) hour day.

The maximum length of the Family and Medical Leave Benefit will be eight (8) weeks in any twelve (12) month period. If you take a portion of a week or weeks, the maximum length of the benefit will be extended accordingly. In no case will more than \$2,000 in Family and Medical Leave Benefits be paid to a person in any twelve (12)-consecutive-month period.

12.6. PAYMENT OF INACTIVE ACCOUNTS

The Plan may distribute your Individual Account balance if all of the following are true:

1. The balance is \$600 or less;
2. No employer contributions have been made to the Plan on your behalf in the last five (5) years;
3. No Plan benefits have been paid out of your Individual Account in the last five (5) years.

If you are not a member of the Union, the five-year (5-year) period described above is reduced to six (6) months.