

**Five Rivers Carpenters District Council Health & Welfare Fund
C/O Eastern Iowa Fringe Benefit Funds, Inc.
1831 16th Avenue SW Cedar Rapids, IA 52404
319-366-3623
1-800-847-0113
Fax: 319-362-7272**

SUMMARY OF MATERIAL MODIFICATION

September 2023

To All Active Participants and Pre-Medicare Retiree Participants of the Five Rivers Carpenters District Council Health & Welfare Fund (the Plan):

Effective September 1, 2023, the Five Rivers Carpenters District Council Health and Welfare Plan is hereby amended as follows:

1. The section of the Plan entitled “Eligibility, Funding, Enrollment and Termination Provisions” is hereby amended to incorporate the following eligibility rules for Participants who become employed by a Public Employer within the jurisdiction of a signatory Local Union which does not contribute to the Fund:

PARTICIPANTS EMPLOYED BY CERTAIN PUBLIC EMPLOYERS

Notwithstanding any Plan provision to the contrary, Participants who become employed by a Public Employer within the jurisdiction of a signatory Local Union which does not contribute to the Fund may use their HRA account to pay any eligible IRS reimbursable medical expense for the Participant and/or the Participant’s Dependents as long as the Participant reasonably represents to the Third Party Administrator that the Participant has group health plan coverage for the Participant and the Participant’s Dependents. Both the Participant and the Participant’s Dependents must be covered under a group health plan for both the Participant and the Dependents to be able to use the HRA account. A Participant may have group health plan coverage in one of the following ways:

1. Participant is working for a Public Employer and the Public Employer covers the Participant under a group health plan. Participant must provide reasonable representation (See Attachment 5) to the Third Party Administrator of the Participant’s and any Dependent’s coverage before an HRA reimbursement request can be made and within 30 days of Participant’s date of hire with such Public Employer.

2. Participant is working for a Public Employer and has coverage under a group health plan through an employer of Participant’s spouse. Participant must provide reasonable representation (See Attachment 5) to the Third Party Administrator of the Participant’s and any Dependent’s coverage before an HRA reimbursement request can be made and within 30 days of Participant’s date of hire with such Public Employer.

The Participant may permanently opt out of or waive future reimbursements from the HRA upon notice to the Third Party Administrator (See Attachment 5). The Participant must notify the Third Party Administrator immediately if the Participant or any Dependents no longer have coverage as set forth above.

At no time will a Participant or Dependent be able to use the HRA account if such Participant or Dependent does not have group health plan coverage that complies with the group market reform under

the Affordable Care Act. Obtaining insurance through individual market policies through the Affordable Care Act health insurance exchanges or marketplaces will not be deemed coverage under a group health plan to allow the Participant and Dependents to use the HRA account.

A Participant may choose (See Attachment 5), within 30 days of being hired by a Public Employer within the jurisdiction of a signatory Local Union which does not contribute to the Fund, to request their DB and HRA accounts be frozen for the month commencing after they were so hired, and if they return to full time employment under a Collective Bargaining Agreement requiring contributions to this Fund, they shall have, upon their request in writing to the Third-Party Administrator within 30 days of their return, their accounts unfrozen.

2. The section of the Plan entitled “Eligibility, Funding, Enrollment and Termination Provisions” is hereby further amended to incorporate the following rules for Participants who become incarcerated:

TERMINATION OF ELIGIBILITY FOR PARTICIPANTS AND THEIR DEPENDENTS UPON PARTICIPANT’S INCARCERATION

Notwithstanding any Plan provision to the contrary, if a Participant stops working for Contributing Employers due to the Participant’s incarceration in a prison, jail, or other penal facility, eligibility for the Participant will immediately terminate upon the Participant’s incarceration, subject to reinstatement upon the Participant’s release from incarceration and satisfaction of the initial eligibility requirements. Eligibility for an incarcerated Participant’s Dependents will terminate as of the normal eligibility termination date based on the Participant’s contribution records and his/her DB and HRA accounts.

An incarcerated Participant’s Dependents may opt out of coverage under the Plan of Benefits, but may continue to use the incarcerated Participant’s HRA account to pay any eligible IRS reimbursable expense for such Dependents so long as such Dependents reasonably represent to the Third Party Administrator on a form prescribed by the Board of Trustees that such Dependents have other group health plan coverage that complies with the group market reform under the Affordable Care Act. At no time will a Dependent be able to use the HRA account if such Dependent does not have group health plan coverage that complies with the group market reform under the Affordable Care Act. The Third Party Administrator must be immediately notified if a Dependent no longer has group health plan coverage that complies with the group market reform under the Affordable Care Act. Obtaining insurance through individual market policies through the Affordable Care Act insurance exchanges or marketplaces will not be deemed coverage under a group health plan to allow the Dependent to use the HRA account.

3. The section of the Plan entitled “Healthcare Definitions and Other Terms of the Plan” is hereby amended to incorporate the following definition for the term Public Employer:

Public Employer means a state, county, municipality, or political subdivision thereof, including departments, agencies and school districts.

If you have any questions on the information communicated in this Summary of Material Modification, please contact the Fund Office at (319) 366-3623.

Sincerely,

The Board of Trustees

Attachment 5

**Five Rivers Carpenters District Council Health and Welfare Fund
Election for Use of HRA Account
for Participant Employed by Public Employer
within the jurisdiction of a signatory Local Union
which does not contribute to the Fund**

You must make an election using this Form within 30 days of your hiring by a Public Employer within the jurisdiction of a signatory Local Union which does not contribute to the Fund. You will not receive reimbursement under the HRA until this Election has been returned:

**Mail your completed form to: Five Rivers Carpenters District Council H&W Fund
1831 16TH Avenue SW
Cedar Rapids, IA 52404**

I, _____, was hired by _____, a Public Employer within the jurisdiction of signatory Local Union _____, on _____, 20____. I choose to make the following election regarding my HRA Account.

Please initial an option; you can only elect one option.

_____ Option 1. I am working for a Public Employer within the jurisdiction of a signatory Local Union which does not contribute to the Fund, and the Public Employer covers me and my Dependents under a group health plan. I agree to notify the Third Party Administrator immediately if I, or any of my Dependents, no longer have coverage under the group health plan.

_____ Option 2. I am working for a Public Employer within the jurisdiction of a signatory Local Union which does not contribute to the Fund, and I have coverage under a group health plan through an employer of my spouse. This coverage covers me and my Dependents. I agree to notify the Third Party Administrator immediately if I, or any of my Dependents, no longer have coverage under this group health plan.

_____ Option 3: I am working for a Public Employer within the jurisdiction of a signatory Local Union which does not contribute to the Fund, and I request my DB and HRA accounts be frozen for the month commencing after I was hired by such Public Employer until I return to Covered Employment and make myself available for full time employment. At that time, I should have, upon my request in writing to the Third-Party Administrator within 30 days of my return to Covered Employment, my HRA account unfrozen.

_____ Option 4: I elect to permanently opt out of future reimbursements from the HRA.

Signature: _____ Dated: _____

Received by: _____ Social Security #: _____