

Amendment No. 5

to the Summary Plan Description of the Southern California IBEW-NECA Health Trust Fund

Restated as of September 1, 2017

This amendment number five to the Southern California IBEW-NECA Health Trust Fund Active Health Plan Summary Plan Description (“SPD”) is made by the Board of Trustees of the Southern California IBEW-NECA Health Trust Fund (“Board of Trustees”) with reference to the following facts and circumstances:

- a. The Board of Trustees wishes to amend the SPD to reflect the inclusion of foster care children to the definition of eligible dependents effective January 1, 2019.
- b. The Board of Trustees has reserved to themselves the ability to amend the SPD from time to time.

NOW THEREFORE, effective July 1, 2019 article 4.10, Eligible Dependents, is amended and restated as follows:

4.10 Eligible Dependents

The following table summarizes who may be enrolled in the Plan as an eligible dependent and the documentation required by the Administrative Office to process the enrollment. An eligible dependent may be covered under all benefits available to the Participant. Eligibility for benefits will continue in the case of dependent children up to the limiting age shown in the table below; eligible dependent children will continue to be covered for dependent life insurance benefits to age 26. An eligible Dependent includes any child for whom the Participant is the legal guardian or foster parent or for whom the eligible Spouse of a Participant is the legal guardian or foster parent. A detailed explanation of the eligibility requirements under the Plan follows this table.

Eligible Plan Participants	Required Documentation
Spouse	Copy of Certified Marriage Certificate
Biological Children to age 26	Certified Birth Certificate/Paternity Test/QMCSO
Step Children to age 26	Certified Birth Certificate
Adopted Children to age 26	County or adoption agency directive for adoption placement
Permanently Disabled Children	Certified Birth Certificate/Paternity Test/ Adoption or Guardianship Affidavit
Child who is a ward under directive of a County department or order of temporary or permanent guardianship or foster child placed with the participant or participant's spouse for full supervision and care	Legal Guardianship Order or directive of a County Department for temporary guardianship or foster child placement
Temporarily Disabled Child	Disability Application/Certified Birth Certificate – Child subject to Temporary or Permanent Guardianship

Under this Plan, eligible Dependents are the legal spouse (this Plan does not recognize a common law spouse unless the common law marriage was established in a jurisdiction which permits the creation of common law marriages) of the Participant as described in the following section and the Participant's children (including a step child or a legally adopted child) under 26 years of age. As required by law, an eligible Dependent will include a child under age 18, when placed with an Employee for adoption by a County or an adoption agency directive a child under age 18 who has been placed with the participant or the Participant's spouse by directive of a County department for temporary guardianship, or order of a Court for permanent guardianship, or by directive by a County department responsible for foster child placement. Coverage for a Participant's children will terminate at the end of the month in which the child reaches age 26, unless otherwise extended under the provisions of this Plan. An eligible Dependent includes any stepchild of the Participant, who is under 26 years of age, who depends upon the Participant for support and lives with the Participant in a regular parent-child relationship and is a dependent of the Participant within the meaning of Internal Revenue Code Section 152.

Participants must provide written proof to the Administrative Office of their legal dependents in order for Dependents to be eligible for the benefits of this Plan. For example, a copy of your marriage certificate for a spouse, a copy of a birth certificate for a child and a copy of a directive from a County or adoption agency placing the child with the Participant or the Participant's spouse for adoption, an County directive or order of temporary or permanent guardianship, or a placement

directive for full supervision and care by a County department responsible for foster child placement.. The Participant must update the Administrative Office with all final Court orders and agency directives regarding the status of the child placed with the Participant or the Participant's spouse as an adopted child, foster child or under temporary or permanent guardianship. Once enrolled, coverage for the Participant's children under age 26 and the lawful spouse under this Plan is not optional. There is no ability to subsequently terminate coverage under this Plan for enrolled eligible Dependents of any eligible Participant so long as the Dependent continues to be an eligible Dependent. Nothing in this Article is intended to modify the carrier's coordination of benefits provisions.

Dependent children of eligible participants are covered for life insurance benefits from birth to age 26.

If a child covered by this Plan becomes totally and permanently disabled prior to reaching his/her 26th birthday while dependent upon his/her parents for support, his/her eligibility shall be continued for the duration of his/her disability, under the member's eligibility.

Upon dissolution, divorce, legal separation, or annulment, a spouse ceases to be an eligible Dependent on the first day of the month following the month in which the final decree terminating the marital relationship, or providing for the legal separation, is issued. However, a spouse may continue to be eligible as a qualified beneficiary under this Plan if COBRA continuation coverage is timely elected, as more fully set forth in the COBRA section of this Plan. In order to avoid liability for benefit expenses of ineligible dependents, you should notify the Administrative Office of a dissolution, divorce, or annulment as soon as it occurs.

All other terms and conditions of the SPD shall remain in full force of effect. Approved and adopted by the Board of Trustees at their meeting held on July 9, 2019 at Commerce, California.

BOARD OF TRUSTEES SOUTHERN CALIFORNIA
IBEW-NECA HEALTH TRUST FUND

Date

By: _____
Joel Barton, Chairman

Date

By: _____
Jim Willson, Secretary