

AMENDMENT NO. 9
TO THE
SUMMARY PLAN DESCRIPTION
OF THE
SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND
ACTIVE HEALTH PLAN
(as Restated July 1, 2022)

This Amendment No. 9 to the Southern California IBEW-NECA Health Trust Fund *Summary Plan Description*, for Eligible Active Participants and their Eligible Dependents, effective as of July 1, 2022, as amended, 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:

Section 4.10 of the Summary Plan Description ("Plan") precludes the termination of eligibility for the Dependent of a Participant who has been properly enrolled for coverage in the Plan so long as the Dependent continues to qualify as an eligible Dependent under Plan rules. Recently, however, an increasing number of Participants have filed appeals with the Board of Trustees seeking to disenroll their Dependents for various reasons. These appeals have sought termination of coverage in some instances for lawful spouses and in other instances for otherwise eligible Dependents who are the children of Participants. The Participants often contend that health coverage from other sources is available for their Dependents, either from private insurance, from other employment or from the government, and that such other coverage for their Dependents would be superior to, or more cost effective than, the coverage available from this Plan. In some cases, court orders have required a Participant to provide coverage for a Dependent. When the court terminates the order, the Dependent's coverage cannot be terminated because of the rule in Section 4.10 of the Plan precluding the disenrollment of an otherwise eligible Dependent. The Board of Trustees has reserved to itself the ability to amend this Plan from time to time. Accordingly, having considered the various appeals received on this issue of Dependent eligibility, and the compelling evidence and argument supporting these appeals offered by and on behalf of Dependents seeking to avail themselves of health coverage which they deem better suited to their health coverage needs than coverage from this Plan, the Board of Trustees hereby amends Section 4.10 of the Plan as follows:

NOW THEREFORE, the Summary Plan Description is hereby amended by deleting the fourth and fifth sentences in the third paragraph of Section 4.10, which reads as follows:

"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.”

Section 4.10 of the Summary Plan Description is hereby amended by replacing the sentences deleted from that Section, which are set forth above, with the following:

“Once enrolled, coverage for the Participant’s children under age 26 and the Participant’s lawful spouse shall continue so long as such Dependents qualify as eligible Dependents under the rules of this Plan. Notwithstanding the foregoing, the Board of Trustees, in its sole and absolute discretion, may permit the cancellation of coverage for, or the disenrollment of, an eligible Dependent pursuant to a court order, or in accord with the written request of the Participant and Dependent, subject to the following conditions:

1. The Participant and Dependent, who is competent and has attained age 18, must each submit a written, signed and notarized document, on a form approved by the Board of Trustees, requesting cancellation of the Dependent’s coverage under the Plan and providing evidence satisfactory to the Board of Trustees that the Dependent has other health coverage available and that the Trustees find, in their sole and absolute discretion, that there is good cause to permit cancellation of the Dependent’s health coverage under this Plan. If the Dependent has not yet attained age 18, or is not legally competent to consent to a cancellation of health coverage, such written request must be signed and notarized by the Dependent’s legal guardian or conservator, who has provided sufficient proof of the guardianship or conservatorship satisfactory to the Trustees.
2. The Participant and Dependent, or the Dependent’s guardian or conservator, must provide a written and notarized waiver and release to the Trustees acknowledging the cancellation of coverage or disenrollment of the Dependent on a form approved by the Board of Trustees.
3. Once disenrolled, the Dependent may not re-enroll in health coverage in this Plan for a minimum of twelve (12) months. Re-enrollment shall be contingent on the participant’s eligibility and the Dependent meeting the definition of eligible Dependent under this Health Plan. The re-enrollment of a Dependent shall follow the same enrollment procedures as the initial enrollment of a Dependent.”

The effective date of this Amendment is January 1, 2025.

All other terms and conditions of the Summary Plan Description and Plan shall remain in full force and effect.

Executed this ____ day of _____ 2025 at Pasadena, California.

BOARD OF TRUSTEES
SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND

By: _____
Chairman – Eric Cartier

By: _____
Secretary – Robert Corona