

AMENDMENT NO. 7
TO THE
SUMMARY PLAN DESCRIPTION
OF THE
SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND
ACTIVE HEALTH PLAN

This Amendment 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 termination of Domestic Partner coverage effective October 1, 2016.
- B. The Board of Trustees has reserved to themselves the ability to amend the SPD from time to time.

NOW THEREFORE, effective October 1, 2016, the SPD is amended as follows:

1. The “Domestic Partners....page.....14” line in the Table of Contents is deleted in its entirety.
2. The “Keep Your Records Section” is amended in its entirety as follows:

Keep Your Records Current

Notify the Administrative Office immediately in writing of any change of address or if you have a change of dependents. **Failure to notify the Administrative Office promptly may result in ineligibility for proper benefits or liability for benefits erroneously paid.**

For example:

- You get married
- You have a new baby
- You get divorced
- You adopt or become a legal guardian of a child
- The death of an eligible dependent

Refer to the section entitled, “Eligibility & General Plan Provisions” subtitled "Eligible Dependents," for further information.

- The definition of “Family Member” is amended as follows:

Family Member

An Employee, Spouse, or Dependent Child of an Employee.

- The Eligible Dependents Section is amended in its entirety as follows:

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 Member. 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. A detailed explanation of the eligibility requirements under the Plan follows this table.

Eligible Plan Participants	Required Documentation
Spouse	Copy of Marriage Certificate
Biological Children to age 26	Birth Certificate/Paternity Test/QMSCO
Step Children to age 26	Birth Certificate
Adopted Children to age 26	Adoption Affidavit
Permanently Disabled Children	Birth Certificate/Paternity Test/ Adoption or Guardianship Affidavit
Child (Temporary or Permanent)	Legal Guardianship/State or Federal Tax Forms
Temporarily Disabled Child	Disability Application/Birth Certificate – Child subject to Temporary or Permanent Guardianship

Under this Plan, eligible Dependents are the legal spouse (this Trust Fund 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 Employee as described in the following section and the Employee'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. Coverage for an Employee’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 Employee who depends upon the Employee for support and lives with the Employee in a regular parent-child relationship and is a dependent of the Employee within the meaning of Internal Revenue Code Section 105 and/or 106.

Employees 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 decree of adoption for an adopted child. 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 Section is intended to modify the carrier's coordination of benefits provisions.

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

If a child covered by this Trust Fund becomes totally and permanently disabled prior to reaching his 26th birthday while dependent upon his parents for support, his eligibility shall be continued for the duration of his 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 is issued. However, a spouse may continue to be eligible as a qualified beneficiary under this Trust Fund if COBRA continuation coverage is timely elected, as more fully set forth in the COBRA section of this Trust Fund. In order to avoid liability for benefit expenses of ineligible dependents, which amounts will have to be repaid, you should notify the Administrative Office of a dissolution, divorce, or annulment as soon as it occurs.

5. The "Domestic Partner" section is deleted in its entirety.
6. The "At a Glance" section is amended by eliminating the section entitled "Domestic Partners".
7. The "Additional Benefits" section is amended as follows:

Additional Benefits
Medical Body Scan & Specialized Footwear

This Plan provides Participants with the following additional medical benefits:

Medical Body Scan Benefit

The Medical Body Scan Benefit is available to Participants and Eligible Spouses under the Southern California IBEW-NECA Active Summary Plan Description. The Medical Body Scan Benefit is provided exclusively at this time through Body Scan International ("BSI").

Each Eligible Participant and Dependent Spouse is entitled to one Medical Body Scan Benefit per calendar year. The Medical Body Scan Benefit is provided at no cost to the Participants. BSI will submit your claim for the Medical Body Scan Benefit directly to the

appropriate claim administrator: Allied Administrators for HMO Participants; and Anthem Blue Cross for Participants in the Anthem Blue Cross PPO Plan.

To schedule an appointment for the Medical Body Scan Benefit, Participants must call BSI at 877-BSI-5577 [877-274-5577]. Please note that you must be eligible for coverage at the time of your body scan appointment to receive the Body Scan Benefit under the Active Trust Fund.

BSI performs the Medical Body Scan examination at its offices located at 2722 Walnut Avenue, Tustin, California 92780. In addition BSI will perform the Medical Body Scan examination at its mobile units which will be parked from time to time at various locations in the Los Angeles Metropolitan Area. Please note that advance appointments are also required for Medical Body Scan examinations at the mobile units and the same restrictions apply in terms of eligibility.

BSI also provides **other services that are not part of the Plan’s Medical Body Scan Benefit**. Please note that payment for those other services will be your responsibility since they are not covered under the Body Scan Benefit unless they are otherwise eligible expenses.

If you obtain a body scan through another provider (other than BSI), the Trust Fund will not pay for any portion of the medical body scan examination.

If you have any questions regarding the Body Scan Benefit, please contact Body Scan International at (877) 274-5577 or (949) 717-4500. If you have questions about your eligibility for this benefit, please contact the Administrative Office at (800) 824-6935 or (323) 221-5861.

8. The “Schedule of Life Insurance Benefits” section is amended as follows:

Schedule of Life Insurance Benefits

Life insurance benefits are normally payable upon the death of the covered employee or covered dependent. However a portion of the life insurance benefits may be payable in certain circumstances before the death of the covered employee. This option is referred to as the “Accelerated Benefit Option.”

The amounts shown below are the maximum amounts payable as subsequently explained.

Employee Only

Life Insurance	\$50,000
Accidental Death, Dismemberment Insurance	\$50,000

The Accidental Death or Dismemberment Insurance of each Employee will automatically terminate on the date eligibility ceases and may not be converted to an individual policy.

Life Insurance for Dependents

Spouse\$1,500
Children to age 26..... \$750

The Dependent Effective Date Proviso shall apply if a child is then confined to a hospital.

The termination of Domestic Partners due to this Amendment does not constitute a Cal-COBRA qualifying event (unless the insurers were to agree otherwise) but that they may have the right to purchase conversion policies from the insurers.

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

Executed this 24th day of June, 2016 at Commerce, California.

BOARD OF TRUSTEES
SOUTHERN CALIFORNIA IBEW-NECA
HEALTH TRUST FUND

By: _____
Chairman – Jim Willson

By: _____
Secretary – Marvin Kropke