

**SUMMARY OF MATERIAL MODIFICATIONS  
TO THE  
PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE FUND  
SUMMARY PLAN DESCRIPTION  
(June 1, 2020)**

1. General. This is a summary of material modifications to the Plan of Benefits, Painters District Council No. 4 Health and Welfare Fund (the “Plan”). This summary of material modification supplements the Summary Plan Description (the “SPD”) previously provided to you. You should retain this document with your copy of the SPD.

2. Sponsor Information. The legal name, address and federal employer identification number of the Sponsor are:

Board of Trustees  
Painters District Council No. 4  
Health & Welfare Fund  
585 Aero Drive  
Cheektowaga, NY 14225

EIN: 16-6070541

3. Summary Description of Modification. The Plan has been amended as follows

a) You must file a claim for vacation and holiday benefits with 60 days of the end of the Plan Year (June 1 to May 31) in which they accrue. Vacation and holiday benefits under the Plan are payable as follows:

**Vacation and Holiday Benefits**

You are entitled to up to 6 vacation weeks per Plan Year (June 1 to May 31) and 9 holidays per calendar year. The amount of the journeyman benefit shall be \$1,416.80 per five consecutive vacation days and \$354.20 per holiday. Vacation and holiday benefits for Apprentices and Industrial Members shall be \$752.60 per five consecutive vacation days and \$354.20 per holiday. Your account will also be reduced by (as applicable) the employer Social Security, Medicare and unemployment taxes, so that the balance required in your account for five vacation days shall be \$1,600 for a journeyman and \$850 for an Industrial Members. Holidays require a \$400 balance.

Claims for holiday and vacation benefits must be made within 60 days of the end of the Plan Year in which they accrue. The Trustees will presume that you are on vacation for any day you are not working for an Employer and for which you do not receive an Unemployment Benefit or Disability Benefit from the Fund.

These benefits are paid from your Wage Replacement Account and may not exceed the balance in your Account.

**This notice constitutes your summary of material modifications as required by section 104(b) of ERISA and should be kept with your copy of the Plan’s summary plan description and other important plan documents.**