

**GLAZIERS & GLASSWORKERS LOCAL
UNION NO. 660 SUPPLEMENTAL
UNEMPLOYMENT BENEFIT FUND**

SUMMARY PLAN DESCRIPTION

Effective September 1, 2009

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Introduction

The Board of Trustees of the **Glaziers & Glassworkers Local Union No. 660 Supplemental Unemployment Benefit Fund** is pleased to present this revised Summary Plan Description, which describes the benefits and eligibility requirements of the Supplemental Unemployment Benefit Plan (the "SUB Plan"). Also included in this booklet are the procedures that you should follow when filing a claim, and certain information concerning the administration of the Plan as required by the Employee Retirement Income Security Act of 1974 (ERISA).

The benefits described in this booklet are the result of continuous efforts of the Board of Trustees to offer an excellent program of benefits that will help meet the needs of your entire family. We urge you to read this booklet carefully so that you understand the complete package of benefits available to you. You should share this booklet with your family and keep it in a convenient place for future reference.

The SUB Plan is designed to help provide a measure of protection if you are unable to work due to layoff or disability.

This booklet summarizes the key features of your SUB Fund benefits program. Complete details of the program are also contained in the other official Plan documents, including the Trust Agreement and collective bargaining agreements, which legally govern the operation of the program. All official Plan documents are available for your inspection at the Fund Office during normal business hours. All statements made in this booklet are subject to the provisions and terms of those documents. In case of a conflict or inconsistency between the official Plan documents and this booklet, the official documents will govern in all cases.

This booklet is not a contract of employment – it neither guarantees employment or continued employment with your employer or any Contributing Employer, nor diminishes in any way the right of Contributing Employers to terminate the employment of any employee.

If you have question about the plan or how to apply for benefits, do not hesitate to contact the Fund Office.

Sincerely,

Board of Trustees

I DEFINITIONS

Certain terms used in this Summary Plan Description have special meanings. These terms will be capitalized and will have the meaning set forth below:

1.1 Code. The term "Code" will mean the Internal Revenue Code of 1986, as amended.

1.2 Collective Bargaining Agreement. The term "Collective Bargaining Agreement" will mean any agreement between the Union and an Employer, which agreement requires the payment of periodic contributions to the Fund or other written participation or other agreement acceptable to the Trustees, which agreement requires the payment of periodic contributions to the Fund.

1.3 Contributions. The term "Contributions" will mean those payments made to the Fund as required by the Collective Bargaining Agreement.

1.4 Covered Employment. The term "Covered Employment" will mean employment of a type covered by a Collective Bargaining Agreement and, for Glaziers, requiring contributions to the Fund.

1.5 Disability. The term "Disability" will mean a physical or mental condition resulting from bodily injury, disease or mental condition which renders a person incapable of continuing any gainful occupation and which entitles him to benefits under the New York State Disability Benefits Law or Worker's Compensation Act. Disability shall be determined by the Trustees in their sole and absolute discretion.

1.6 Employee. The term "Employee" will mean any person employed by an Employer and covered by a Collective Bargaining Agreement.

1.7 Employer. The term "Employer" will mean (i) any one of the employer members of an employer association that enters into a Collective Bargaining Agreement with the Union; (ii) an independent signatory to a Collective Bargaining Agreement that is acceptable to the Board of Trustees; (iii) the **Glaziers & Glassworkers Local Union No. 660 Supplemental Unemployment Benefit Fund**; and (iv) the Union.

1.8 Fund. The term "Fund" will mean the **Glaziers & Glassworkers Local Union No. 660 Supplemental Unemployment Benefit Fund**, which includes all contributions to the Trustees pursuant to the terms set forth in the Collective Bargaining Agreement, together with all the income, earnings and profits thereon received by the Trustees, less any expenses paid therefrom. The Fund may be used only for the purposes set forth in the Trust Agreement.

1.9 Fund Administrator. The term "Fund Administrator" will mean the person designated by the Trustees to handle certain of their day-to-day administrative duties.

1.10 Hour of Service. The term "Hour of Service" will mean each hour for which you are entitled to payment by the Employer and for which the Employer makes Contributions to the Fund pursuant to its obligation under the Collective Bargaining Agreement.

1.11 Plan. The term "Plan" will mean the written plan of benefits of the Fund adopted by the Trustees setting forth the eligibility rules for the welfare benefits to be paid from the Fund.

1.12 Plan Administrator. The term "Plan Administrator" will mean the Board of Trustees of the Fund. The Plan Administrator will administer the Plan, keep the Plan's records and has discretionary authority to construe the terms of the Plan and make determinations on questions which affect eligibility of benefits.

1.13 Plan Year. The term "Plan Year" will mean the twelve month period beginning on June 1st and continuing to the following May 31st.

1.14 Trust Agreement. The term "Trust Agreement" will mean the Agreement and Declaration of Trust, **Glaziers and Glassworkers Local Union No. 660 Supplemental Unemployment Benefit Fund**, together with any amendments made thereto.

1.15 Trustees. The term "Trustees" will mean the Board of Trustees of the Fund.

1.16 Union. The term "Union" will mean **Glaziers and Glassworkers Local Union No. 660, District Council No. 4 of Buffalo and Vicinity, International Union of Painters and Allied Trades of America, AFL-CIO**, and its successors and assigns.

II GENERAL INFORMATION ABOUT THE FUND

This Section contains certain general information which you may need to know about the Fund.

A. General Fund Information

The name of the Fund is the **Glaziers & Glassworkers Local No. 660 Supplemental Unemployment Benefit Fund**.

The Fund's records are maintained on a twelve-month period of time. This is known as the Plan Year. The Plan Year is the twelve-month period beginning June 1 and ending the following May 31.

B. Plan Administrator

The Plan is sponsored by the Board of Trustees of the **Glaziers & Glassworkers Local No. 660 Supplemental Unemployment Benefit Fund**. The Board of Trustees is also the Plan Administrator. The Board of Trustees is responsible for the overall operation and administration of the Fund.

The employer identification number of the Plan Sponsor is 16-0921100. The Trustees have assigned plan number 501 to the Fund.

The following individuals currently comprise the Board of Trustees:

Employer Trustees:

Eric Chretien
R.E. Krug Corp.
190 Oliver Street
North Tonawanda, NY 14120

Union Trustees:

Daniel Boody
District Council #4
585 Aero Drive
Cheektowaga, NY 14225

Jeffrey Carroll
District Council No. 4
Glaziers LU 660
585 Aero Drive
Cheektowaga, NY 14225

Please remember that no one except the Board of Trustees (and other Plan fiduciaries and individuals to whom the Board of Trustees has delegated responsibility for administration of the Plan) has the authority to interpret the Plan, including this booklet or the other official Plan documents, to make any promises to you about it, or to change the provisions of the Plan. The Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the Plan documents and to decide all matters under the Plan, including, without limitation, the right to make all decisions with respect to eligibility for and the amount of benefits payable under the Plan and the right to resolve any possible ambiguities, inconsistencies or omissions concerning the Fund or the Plan. All determinations by the Board of Trustees (or its duly authorized designee) are final and binding on all persons and will be given full force and effect.

C. Fund Administrator Information

The Trustees have delegated certain day-to-day administrative duties to the Fund Administrator. The name and address of the current Fund Administrator is:

Diane Szaras
585 Aero Drive
Cheektowaga, NY 14225

The Fund Administrator also keeps the records for the Fund. The Board of Trustees has authorized the Fund Administrator to respond in writing to any questions you may have about the Fund. As a courtesy, the Fund Administrator may respond informally to your oral questions. However, oral questions and answers are not binding upon the Board of Trustees and cannot be relied upon in a dispute concerning your benefits. If you have an important question, you should contact the Fund Administrator for a written response.

D. Service of Legal Process

The name and address of the Fund's agent for service of legal process is:

Board of Trustees
Glaziers & Glassworkers Local No. 660
Supplemental Unemployment Benefit Fund
585 Aero Drive
Cheektowaga, NY 14225

Legal process may be served on the Plan Administrator or any individual Trustee.

E. Type of Plan

The Plan is a welfare benefit plan providing supplemental unemployment, disability, holiday, vacation, and jury duty benefits. Benefits are provided on a self-insured basis.

The Plan is maintained pursuant to one or more collective bargaining agreements. A copy of any such agreement may be obtained by participants upon written request to the Plan Administrator, and is available for examination by participants. In addition, participants may receive from the Plan Administrator, upon written request, information as to whether a particular Employer or employee organization is a sponsor of the Plan and, if so, the sponsor's address.

F. Glassworkers

Contributions are not made to this Plan on their behalf. Glassworkers are only eligible for the disability benefit through the plan. All other benefits are available ONLY to Glaziers.

**III
SUB FUND ELIGIBILITY**

A. Initial Eligibility Requirements

You will become a Participant in this Plan upon the completion of Two Thousand (2,000) Hours of Service.

Notwithstanding anything to the contrary contained herein, if you are a Residential Glazier, you will not be eligible for any Unemployment or Vacation Benefits hereunder.

IV BENEFITS

A. Supplemental Unemployment Benefit

You will be eligible for unemployment benefits if you complete 1200 Hours of Service to the S.U.B. Fund during the 52 weeks prior to becoming unemployed and you remain eligible for Covered Employment. If you then become unemployed, you will receive an unemployment benefit of \$250.00 per week, for up to two weeks. In addition, you will be entitled to further weekly Supplemental Unemployment Benefits under this Plan, provided you fulfill the following requirements:

- (1) You receive a benefit payment under the auspices of the New York State Unemployment Insurance Laws, or you are denied such a benefit solely due to your self-employment outside the glazing or glassworking industry;
- (2) You are registered as an unemployed Employee with the Union by notifying the union that you are available for work the day of lay-off. You can not refuse to accept employment with an Employer hereunder;
- (3) You must report to the S.U.B. Fund office to register and pick up your yellow slip during the week which you are claiming benefits.
- (4) You are not receiving a pension benefit under the Glaziers and Glassworkers Local Union No. 660 Pension Plan, or the International Brotherhood of Painters and Allied Trades Union and Industry Pension Plan;
- (5) Your last employment prior to becoming unemployed was with an Employer hereunder; and
- (6) You submit a S.U.B. slip to the Fund office within three (3) weeks of the week for which you are claiming benefits, with proof of the week collected from his New York State Unemployment check (unless the week claimed is the waiting week).

Upon satisfying the above requirements and submitting proper application to the Fund Administrator, you will be entitled to receive a weekly benefit of \$100.00 for a maximum of twenty four weekly payments during one Plan Year.

In addition, if you agree to accept a one, two, or three-day job during any period you would otherwise be eligible for Supplemental Unemployment Benefits hereunder, you shall receive a weekly unemployment benefit of \$110.00, \$240.00, or \$110.00 respectively for such week.

B. Disability and Compensation Benefits

Once you become a Participant in the Plan, upon completion of 2000 hours of service, you will be eligible for a Disability and Compensation Benefit from the Plan on the first day of a calendar quarter after you have worked:

- (1) 300 hours in the previous Eligibility Quarter, or
- (2) 550 hours in the two previous Eligibility Quarters, or
- (3) 800 hours in the three previous Eligibility Quarters, or
- (4) 1000 hours in the four previous Eligibility Quarters.

Eligibility Quarters	Coverage Quarters
September, October, November	January, February, March
December, January, February	April, May, June
March, April, May	July, August, September
June, July, August	October, November, December

You must be actively at work for an Employer or available and capable for work at the time you suffer a Disability in order to be eligible for a benefit. For purposes of continuing eligibility, you will be credited with six hours for each day you are paid a New York State Disability or Workers' Compensation Benefit.

If you become disabled in a non-work related injury, you will receive a preliminary disability benefit of \$160.00 for each full week of the Disability, for a period of up to three weeks. In addition, Glaziers will receive a weekly benefit of \$160.00 and Glassworkers, \$130.00 for each week you receive a disability benefit from the State of New York for a period of up to twenty-six weeks in total. The Trustees may extend the disability benefit for an additional thirteen weeks upon proof of continuing Disability.

If you become disabled in a work related injury, you will receive a weekly preliminary compensation benefit of \$160.00 for each full week of Disability up to three weeks. In addition, for each week you are entitled to a Workers' Compensation Benefit from the State of New York, you will receive a weekly benefit of \$75.00 for a period of up to twenty-six weeks in total. In their discretion, the Trustees may extend this benefit for a period of up to thirteen additional weeks upon proof of continuing Disability.

C. Supplemental Jury Duty Benefit

You will be entitled to receive a jury duty benefit if you become unemployed as a result of being summoned to jury duty. The amount of the jury duty benefit shall be \$35.00 per day. Requests for payment under this Article IV, Section C, must include proof of such jury duty service and are paid for actual time served.

D. Vacation Benefit

In their discretion, the Trustees may award a vacation benefit to Participants who have accumulated 1600 Hours of Service during the previous calendar year. The Trustees' decision to award a Vacation Benefit shall be based on the investment performance of the Fund. For purposes of determining eligibility for a vacation benefit, a Participant shall be credited with five (5) hours for each week (up to 26 weeks in a Plan Year) he/she collected a NY disability or workers compensation benefit. All vacation days awarded must be used by December 31st of the following year.

E. Holiday Benefit

You will be eligible for Holiday Benefits from the Plan upon the completion of two thousand (2000) Hours of Service paid to the S.U.B. Fund. In addition you must complete one thousand (1000) hours in the previous calendar year to be eligible in the current year. The Holiday Benefit is equal to the wage paid for the current eight hour work day for Christmas, July 4, New Year's Day, Memorial Day, Labor Day, and Thanksgiving Day provided you work the scheduled work day both before and after the holiday, unless you have taken that day as a vacation day. You must apply for Holiday Benefits within 30 days after the end of the calendar year in which the holiday falls. You are not eligible for the Holiday Benefit if you are not employed by a signatory contractor at the time the Holiday occurs. Apprentices are not eligible for the Holiday Benefit effective May 1, 2007. **Apprentices that qualified for the Holiday Benefits prior to May 1, 2007 will remain eligible

V TAX WITHHOLDING

A. Distribution

The amount of any benefit paid under this Plan is a gross figure. Any withholding of payroll taxes, FICA contributions, or other taxes or payments required by law to be deducted shall be deducted from the gross distribution calculated before such distribution is made. Subject to pertinent law, Employers shall not be assessed by the Fund for any payroll taxes normally payable by an Employer, resulting from benefit payments hereunder.

VI AMENDMENT AND TERMINATION

The Trustees may amend, modify or terminate the Plan, in whole or in part, at any time and for any reason. Any amendment may reduce or eliminate any benefit provided under the Plan. Under no circumstances will any Plan benefit become vested or non-forfeitable at any time with respect to any Participant (active, inactive or retired) or beneficiary.

The Trustees have established this Plan with the intent that it will be maintained for an indefinite period of time. However, the funding for the Plan is conditioned on a Collective Bargaining Agreement remaining in effect that provided for continued Employer Contributions

to the Fund. Therefore, the Trustees reserve the right to terminate the Plan, in whole or in part, at any time.

VII ADDITIONAL PLAN INFORMATION

A. Your Rights Under ERISA

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). ERISA provides that all Plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan Administrator’s office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

Receive a summary of the Plan’s annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called “fiduciaries” of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide materials and pay you up to \$110 a day until you receive the

materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Fund Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Fund Administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.

B. Claims Process

Claims for benefits shall be made to the Fund Administrator in writing and shall set forth the basis of the claim and shall authorize the Fund Administrator to conduct such examinations as may be necessary to facilitate the payment of any benefits to which you may be entitled under the terms of the Plan.

Notification Requirements

The Fund Administrator will notify you of the determination of your claim within 90 days after receipt, unless your claim is for a disability benefit, in which case the Fund Administrator will notify you of the determination within 45 days after receipt. This period may be extended for an additional 30 days if you are notified prior to the initial 90- or 45-day period, and the notice explains the circumstances for the extension. With regard to all initial benefit claims such notification can be in writing or electronically transmitted and contain the following information:

- The specific reason or reasons for the adverse benefit determination;
- Reference to the specific Plan provisions on which the determination is based;
- A description of any material or information necessary for you to perfect the claim and an explanation of why such information is necessary;
- A description of the plan's review procedures and the time limits applicable to such procedures, including a statement of your right to bring a civil action under

Section 502(a) of the Act following an adverse benefit determination on review; and

- If an internal rule, guideline, protocol, or other similar criteria was used in making the adverse benefit determination, specify what was used and that it will be provided to you free of charge upon request.

Claim Appeal Procedures

The following summarizes the procedures that will be utilized by the Plan if your claim for a particular benefit is denied, and you subsequently appeal that decision. As with the general claims procedures above, the timing and requirements vary depending on how the particular claim is categorized.

Within 180 days after denial, you or your authorized representative may submit a written request for reconsideration of your claim to the Fund Administrator.

Any such request should be accompanied by documents or records in support of your appeal. You or your beneficiary may review pertinent documents free of charge and submit pertinent issues and comments in writing. The Trustees will review the claim and provide, as soon as possible but no later than the date of the first Board meeting following the date the Plan receives your request for review, a determination. If your request for review is filed within thirty (30) days prior to the date of such meeting a determination will be made no later than the date of the second Board meeting following the date the Trustees receive your request for review. If special circumstances (such as the need to hold a hearing) require a further extension of time for processing, the Fund Administrator will notify you in writing describing the special circumstances and the date by which a determination will be rendered. The determination will be made no later than the date of the third Board meeting following the date the Trustees receive your request for review. The Fund Administrator will notify you in writing of the Trustees determination as soon as possible but no later than five (5) days after the determination is made. In this response, the Trustees will explain the specific reason for the determination, with specific reference to the provisions of the Plan on which the decision is based.

If your appeal of a disability claim denial is based in whole or in part on a medical judgment, in rendering a determination of your appeal, the Trustees will consult with a health care professional that has appropriate training and experience in the field of medicine pertinent to your claim. Such health care professional will not have been involved in the determination of your initial claim for benefits. The Trustees will make their determination based in whole or in part on such health care professional's medical judgment.

Notification Requirements

The Fund Administrator will notify you of the determination of your claim within the specified time limits mentioned above. With regard to all claims on appeal such notification can be in writing or electronically transmitted and contain the following information:

- The specific reason or reasons for the adverse benefit determination;

- Reference to specific Plan provisions on which the benefit determination is based;
- Statement that you are entitled to receive, upon request and free of charge, reasonable access and copies of all documents, records, and other information relevant to your claim for benefits;
- Statement describing any voluntary appeals procedures offered by the plan, your right to obtain such information and your right to bring civil action under §502(a) of the Act;
- If the Trustees' determination is based in whole or in part on the medical judgment of a health care professional, the identity of that health care professional;
- If an internal rule, guideline, protocol, or other similar criteria was used in making the adverse benefit determination; specify what was used and that it will be provided to you free of charge upon request; and
- The following statement: "You and your Plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency."

C. Right to Reclaim Overpayment or to Offset

If this Fund has paid benefits in excess of the amount required under the terms of the Plan, then it may recover the overpayment from you or any relevant person, company, or organization. In such a case, you must sign any document which the Trustees determine is needed to help the Fund recover its over-payment and otherwise make good faith attempts to assist the Fund in such recovery. Additionally, if the payment is made to you or your beneficiary (or on your behalf) in error, you or your beneficiary must repay the amount of the erroneous payment to the Fund. If the Fund owes you or your beneficiary a payment for other claims incurred, then it has the right to subtract the amount you or your beneficiary owe it from any payment it owes you or your beneficiary.

D. Plan Interpretations, Determinations, and Amendments

No individual other than the Plan Administrator or its duly authorized designee(s) has any authority to interpret the Plan documents, including this Summary Plan Description or the official Plan documents, or to make any promises to you about the Plan, or your benefits under the Plan, or to change the provisions of the Plan.

The Plan Administrator and its duly authorized designee(s) has the exclusive right, power, and authority, in its sole and absolute discretion, to administer, apply and interpret the Plan, including this booklet, the Trust Agreement, any collective bargaining agreement or participation agreement, and any other Plan documents, and to decide all matters arising in connection with the operation or administration of the Plan or Fund. Without limiting the

generality of the foregoing, the Plan Administrator and/or its duly authorized designee(s) shall have the sole and absolute discretionary authority to:

- Take all actions and make all decisions with respect to the eligibility for, and the amount of, benefits payable under the Plan;
- Formulate, interpret and apply rules, regulations and policies necessary to administer the Fund in accordance with the terms of the Plan;
- Decide questions, including legal or factual questions, relating to the calculation and payment of benefits under the Plan;
- Resolve and/or clarify any ambiguities, inconsistencies and omissions arising under the Plan, including this booklet, the Trust Agreement or other Plan documents;
- Process and approve or deny benefit claims; and
- Determine the standard of proof required in any case.

All determinations and interpretations made by the Plan Administrator and/or its duly authorized designee(s) shall be final and binding upon all participants, beneficiaries and any other individuals claiming benefits under the Plan, and shall be given deference in all courts of law, to the greatest extent permissible by law.

E. Facility of Payment

Every person receiving or claiming benefits through the Plan will be presumed to be mentally and physically competent and of age. However, in the event the Plan Administrator (or its designee) determines that the covered person is incompetent or incapable of executing a valid receipt and no guardian has been appointed, or in the event the covered person has not provided the Fund Office with an address at which he or she can be located for payment, the Fund may pay any amount otherwise payable to such person to his spouse, relative or any other person or entity determined by the Plan Administrator (or its designee), in its sole and absolute discretion, to be equitably entitled thereto. Any such payment will discharge entirely the obligation of the Fund.

VIII MISCELLANEOUS

A. Governing Law

This Plan shall be interpreted in accordance with the laws of the State of New York and except where pre-empted by federal law, only New York law shall apply.

B. Gender

Whenever in this instrument's words are used in the masculine or neuter gender, they shall be read and construed as in the masculine, feminine or neuter gender whenever they would so apply. Wherever words appear in the singular or plural, they shall be read and construed as in the plural or singular respectively whenever they would so apply.

C. Auxiliary Documents

Each eligible Employee, by his or her acceptance of potential benefits under this Plan, agree to execute any documents which may be necessary or proper in the carrying out of the purpose and intent of the Plan.