

**SUMMARY OF MATERIAL MODIFICATIONS
TO THE
PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE FUND
SUMMARY PLAN DESCRIPTION
(September 1, 2019)**

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) The forfeiture provisions of the Plan have been amended, effective immediately, to provide that your Accounts under the Plan will be forfeited upon the earlier of the following events:

If there is no contribution to, or distribution from your Health Care Account or Wage Replacement Account for a period of sixty (60) consecutive months, then any balance in those accounts will be forfeited and added to the Fund's reserves.

Any balance remaining in your Health Care Account upon your death (if you are not survived by a spouse or eligible dependents), or upon the death of the survivor of your spouse or eligible dependents, will be forfeited.

Any balance remaining in your Wage Replacement Account will be forfeited when you are no longer available for work in Covered Employment or upon your death.

b) The vacation and holiday benefits under the Plan have been changed, effective September 1, 2019, 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 vacation benefits must be made by 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. Any holiday benefit to which you are entitled, but for which you have not applied, will be paid to you at the end of the Plan Year.

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

c) A jury duty benefit has been added to the Plan, effective September 1, 2019, as follows:

Jury Duty Benefit

If you are unable to work as a result of being summoned to jury duty, you will be entitled to a jury duty benefit of \$200.00 per day. Your account will also be reduced by (as applicable) the employer Social Security, Medicare and unemployment taxes. Application for a jury duty benefit must include proof of jury service. Payment will only be made for actual time served.

This benefit is 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.

**SUMMARY OF MATERIAL MODIFICATIONS
TO THE
PAINTERS DISTRICT COUNCIL NO. 4 HEALTH AND WELFARE FUND
SUMMARY PLAN DESCRIPTION**
(May 1, 2022)

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:

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EIN: 16-6070541

3. Summary Description of Modification. The Plan has been amended as follows (changes denoted in *red*):

Section III - Personal Accounts

B. Allocation of Contributions

Contributions due for Hours of Service on or after May 1, 2022 will be allocated between Fund accounts according to the percentages set forth in the following table:

and your coverage from the Plan is:	If your Health Care Account balance is:		
	Under \$1,500	Over \$1,500 *	
Outside Coverage	97% Health	20% Health	
	97% Health	50% Health	
	97% Health	80% Health	
	97% Health	97% Health**	
	97% Health	80% Health	

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