Revised 5-1-07

TEAMSTERS BENEFIT TRUST

APPLICATION AND SUBSCRIBER'S AGREEMENT for Hour Bank Plans

Emplo	yer:					By Employer		By Union	
Addres	ss:					Co. is a Corporation Partnership Proprietorship Other		New Account Rate Change Contract Renewal Inter-Fund Transfer	
Phone	No.: ()	Employee	Benefits Con	act Perso	n:			
Employ	ees covered as	of the effective date of this Agr							
Bar	lectively gained ployees:	Party to a Master Agreement: Yes No If "yes," name of Employer Number of Collectively Bargained Employees: Association: THE FUND REQUIRES THAT A COPY OF THE COLLECTIVE BARGAINING AGREEMENT BE PROVIDED TO THE PLAN ADMINISTRATION OFFICE.						-	
Bar	n-Collectively gained ployees:	IF ANY NON-COLLECTIV ARE COVERED, FUND RI EMPLOYEES IN THAT G COVERED:	ULES REQUIRE TH	HAT ALL	□ Cl	pervisors - Number ericals - Number her (specify) Number Number of Non-Collective		rgained Employees:	_
□ Oth		Retirees Number						imployees Covered:	-
		BILITY REQUIRES RECEIPT MPLOYEE WILL NOT BE ELI			. IF THE I	FULL CONTRIBUTION	FOR	THE PLAN IS NOT	
Plan Na	ame/Number:					Current HO	URLY	Y contribution rate: \$	_
		Plan? □ Yes □ No		HLY contributi	on rate: \$_	Current HO	URLY	Y contribution rate: \$	_
contribu providing grants p to act fo	te to the Trust I ag for the Team ower of attorne r the Employer	oyer has entered into a collective Fund ("Fund"), and desires to app sters Benefit Trust and agrees to y to the Employer Trustees now in in the administration of the Fund	oly for acceptance as a be bound by its terms n office, and their suc	a participating E and by any ame ecessors, to adm	mployer in ndments ad inister the F	the Fund. The Employer hopted in the manner proviound as the representatives	nereby ded the of the	adopts the Trust Agreement erein. The Employer hereby Employer with full authority	
for in the Plan for 20 th day worked based o	te the amount see collective bar the term of the fof that month in June are pay n the employee	precified by the Trustees to provide gaining agreement (CBA), for each agreement, pursuant to uniform in and each month thereafter. Catable in July and are applied to Aue's hour bank. Refer to the Plantide of this form.	de; (1) active Plan ben ch employee covered rules. Contributions contributions shall appli- gust eligibility). The	nefits and (2) po by the CBA and are due on the ly to the second a lag month alw	st-retirement I for such act 1st day of the month follo ays applies	Iditional employees accept the commencement month towing the month of work (1 to Employer contribution	etireme ted by n and for exa ns. E	ent Security Plan, if provided the Fund as participants in the payable no later than the ample, contributions for hours ligibility for Plan coverage is	
may ass	ess certain addi d or credited on	make proper contributions on tin itional amounts as interest, liquida- ly for the <u>36 calendar months</u> pre- ndar months preceding the last m	ated damages, attorney eceding the date the Fu	y's fees and othe und receives not	er collection ice of the en	costs. Excess contribution or, if discovered through	ns pai gh a p	d to the Fund shall be ayroll audit by the Fund's	
verify th	at the required	agrees to make available in the Sta contributions have been paid. The an amount determined under the	ne Employer hereby as						
or by law between contribu the Unic during the	w, to continue p the parties and tions to the Fur on and Fund Ad the term of any	tent of the parties to maintain this participation in the Fund. Accord I shall continue in effect during the first of the manner provided herein. I ministrator not less than 30 days collective bargaining agreement be the ministration in the Fundament of the first of the manner provided herein.	ingly, this Subscriber in enegotiations of the parties the Employer may be prior to the date upon between the parties (or	's Agreement she parties for a succeeded this Substantial which the Empres written extensi	all be effect cessor agree scriber's Ag loyer desire on thereto).	tive for the term of the currement during which negotic reement by sending writters to make such revocation By signing this agreement	rent co ations n notic effect at, the	ollective bargaining agreement the Employer agrees to make the tereof by certified mail to tive, which in no event shall be Employer acknowledges and	t
For	(Print or Type	a Nama)		For	(Print or Typ	aa Nama)			-
Union	(Signature)			Employer	(Signature)				_
Date:	()			Date:					
Accep	ted on		, on beha	alf of the Bo	ard of Tr	ustees of the Teams	ters	Benefit Trust.	
Union	Trustee:			_ Employe	r Trustee	:			

RETIREMENT SECURITY PLAN (RSP)

Eligibility Rules

You qualify for the Retirement Security Plan (Gold or Silver) if you meet all of the following eligibility rules:

- 1. You retire on or after January 1, 2000;
- You qualify as a pensioner with the Western Conference of Teamsters Pension Plan (or another plan approved by TBT);
- 3. You have been covered under TBT Plan I, I-A, I-85, III, III-A, III-NEWS, IV, V, V-A, V-A NEWS, V-A Construction, VI, or A (or other Plans approved by TBT) in a bargaining unit that participated in the RSP for at least 24 out of 36 months immediately preceding your retirement date. For purpose of this eligibility requirement, "coverage includes active coverage under any predecessor plan that merged into TBT or months during which you self-pay for coverage in your active employer plan";
- 4. You are not currently covered by or eligible for a group health plan for active employees (except

- as noted under "Exceptions" in the RSP Guide to Your Benefits or Summary for Active Employees);
- 5. You submit an application for RSP enrollment (with a copy of your Social Security or pension entitlement documentation) within 12 months from when you first become eligible for TBT retiree benefits. (If you do not enroll within this 12-month period, except as noted under "Exceptions" in the RSP Guide to Your Benefits, you are not permitted to enroll at a future date.);
- 6. You retire from an Employer who is participating in the Plan as of your retirement date; (If your Employer stops participating in the Plan before you retire, you are ineligible for the Plan regardless of the number of months of contributions made to the Plan on

- your behalf, though you may be eligible for another TBT retiree plan.);
- 7. You make any post-retirement monthly selfpayments required by the Plan on a timely basis;
- 8. You were covered by a Collective Bargaining Agreement or TBT Subscriber's Agreement which provided for participation in the *RSP* and monthly contributions were made on your behalf by the employer to TBT for each month that you qualified for health and welfare benefits; and you have met the *minimum number of monthly Plan contributions* needed to qualify based on your initial date of participation. See your Contributions Summary on the front side.

Exceptions: The above is only a summary. For late enrollment or temporary withdrawals, see RSP Summary for Active Employees under "*Exceptions*".

Two RSP Options - RSP Gold and RSP Silver

- RSP Gold and RSP Silver: The Teamsters Benefit Trust (TBT) offers two RSP options

 RSP Gold and RSP Silver. The only differences between RSP Gold and Silver are the minimum number of months needed to qualify before retirement and the postretirement retiree co-contributions. RSP Gold and Silver offer identical benefits.
- 2. **Minimum Number of Months Required**: RSP Gold requires a minimum of 60 months (five years) of *monthly Plan*
- contributions before retirement to qualify for benefits. RSP Silver requires a minimum of 180 months (fifteen years) of monthly Plan contributions before retirement to qualify for benefits. (And for both, RSP Gold and Silver, you must also satisfy all of the eligibility requirements described above.)
- Changing from RSP Gold to RSP Silver Grandfathering Rule: If the bargaining unit decides to switch from RSP Gold to RSP Silver, any active employee who was at least

age 45 and had a minimum of 36 months of contributions in RSP Gold at the time the change was effective, will be "grandfathered" under the 'old' RSP 60-month eligibility rules and will need only 60 months of contributions to qualify for RSP Silver. This "grandfather" provision only applies to eligibility – a grandfathered retiree (and spouse) will still pay a post-retirement retiree co-contribution equal to 20% of the cost of RSP Silver coverage.

Contributions

- 1. Contributions: Your Employer pays the current RSP monthly or hourly contribution on your behalf whenever you satisfy either (1) the terms established in your Collective Bargaining Agreement for your Employer to contribute to any TBT full benefit Plan for active employees (see Eligibility Rules, item 3 above) or (2) work at least one hour in non-collectively bargained employment and are not considered a "part time" employee for purposes of the RSP, based on the terms of the Subscriber's Agreement. The RSP contribution is funded through Employer payment or post-tax wage deferral based on monthly or hourly rates established by the Trustees. Your Collective Bargaining Agreement or employment agreement will state the way in which your payment to the Plan is funded.
- 2. Subject To Change: The RSP contribution is subject to change and may go up based on the number of employees covered by the Plan and the Plan's experience. Therefore, the cost of the Plan is likely to be higher in future years.
- 3. Self-Payments: You may self-pay the monthly RSP contribution for any month in which you are entitled to self-pay for active plan coverage. During any month that you are eligible for your Active plan's "extension of benefits while totally disabled," you will be credited for a month of RSP coverage without self-payment. However, if you are not covered under a TBT Plan for

active employees, this waiver of contributions does not apply.

4. How Contributions are Applied: There are two six-month allocation windows during which contributions are totaled and divided by the monthly contribution amounts to establish the months for which you are credited with a month toward RSP eligibility. The fixed windows are October through March and April through September. RSP contributions are applied within these six-month windows and will not carry forward into the next six-month period. A "Month of Retirement Security Plan Contributions" for purposes of Plan eligibility means the full month's contribution was paid to TBT on your behalf.

Other Plan Provisions

- If your Employer or bargaining unit terminates participation in the RSP before you retire and have not enrolled in the RSP Gold or Silver, you will not be eligible for RSP.
- If your former Employer terminates participation in the RSP after you retire and have enrolled in the RSP Gold or Silver, you and your spouse will remain covered under RSP Silver.
- 3. **Dependent Eligibility Rules:** Only you and your lawful spouse (or eligible domestic partner)

- are eligible for the Plan. Children are *not* eligible.
- Enrollment Date: You must enroll in the Plan upon your retirement from a TBT active plan participating in the RSP, or after your COBRA coverage in the TBT active plan ends, and cannot enroll at a later date.
- 5. Eligibility for Other TBT Retiree Plans: If you enroll in the RSP, you cannot participate in TBT's Comprehensive Retiree Plan or Basic Retiree Plan. If you fail to meet the eligibility requirements for the RSP, you may be eligible to participate in the other TBT retiree plans; however, in no event will you be entitled to the return of any contributions or wage deferrals which were made on your behalf to the RSP.
- Non-Union Employees: Employees who are not covered by a Collective Bargaining Agreement are eligible for the Plan as long as contributions are made for all of the Employer's non-Union employees.
- 7. Post-retirement Monthly Co-contributions: RSP Gold retirees are not currently required to pay a monthly post-retirement retiree cocontribution (although they do pay the Plan's copayments, deductibles, etc.). RSP Silver retirees pay a post-retirement retiree cocontribution equal to 20% of the cost of the RSP for themselves and a covered spouse. How much a RSP Silver retiree pays will be based on the medical option (Indemnity Medical or HMO option) selected.