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PLAN CHANGE NOTICE

Summary of Material Modifications

New Employee Delta Dental Waiting Period

**RETAIN WITH YOUR BENEFIT PACKAGE FOR
FUTURE REFERENCE**

August 1, 2007

To: **Teamsters Benefit Trust Active Participants**

Re: **New Employee Delta Dental Waiting Period – *Procedural Change, Effective Immediately***

Dear Active Participant:

In the past, when new employees first became eligible for TBT benefits they were limited to a choice between two dental programs -- *Bright Now! Dental* and Pacific Union Dental (PUD). Delta Dental, TBT's Indemnity Option, was not available until the second open enrollment following their date of hire (unless one of the exceptions described below applied).

Effective immediately, new employees may elect Delta Dental one year after first becoming eligible for TBT benefits. Therefore, if you were a new employee whose first month of TBT coverage was March 2007, you could elect Delta Dental in March 2008.

There is no waiting period for new employees who meet one of the following exceptions:

1. You reside more than 30 miles from a *Bright Now! Dental* or PUD office which is accepting new patients; or
2. All covered persons in your family do not reside in the same household and one or more covered persons reside more than 30 miles from a *Bright Now! Dental* or PUD office which is accepting new patients; or
3. You are continuing Delta Dental coverage which you had immediately before you became eligible for coverage in a TBT plan; or

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4. You were previously covered under TBT within the last 12 months; or
5. You have for any other reason been exempted from TBT new employee waiting period requirements; or
6. You are part of a new employer group coming into TBT

Please phone the TBT Plan Administration Office at 510-796-4676 or 1-800-533-0119 if you have any questions about this notice or your eligibility to elect Delta Dental.

Sincerely,

Martin R. Lowy

Fund Manager

MRL/mr

PLEASE NOTE

This Notice is intended to amend all TBT documents, notices and correspondence, including (but not limited to) the Guide To Your Benefits, Summary of Coverage and Comparison of Dental Benefits.

This document is a Summary of Material Modifications ("SMM") intended to notify you of important changes made to your plan of benefits. You should take the time to read this SMM carefully (and share it with your family) and keep it with your copy of the *Guide To Your Benefits*. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this summary and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases. The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify, terminate or interpret and decide all matters under the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason.