SUPPLEMENT TO THE PLAN V GUIDE TO YOUR BENEFITS
For Plan V-A (Construction)

Some TBT Plans have additional eligibility provisions and Hour Bank rules that affect participation. These details are explained in this Supplement to the Plan V Guide to Your Benefits for Plan V-A (Construction). If you are not sure whether your Plan has Hour Bank rules, contact the TBT Plan Administration Office. Also check your Collective Bargaining Agreement for any special eligibility rules or Hour Bank provisions that may affect participation in your TBT Plan.

“GUIDE” PAGE 2

The following text replaces the sections on page 2 of the Plan V Guide to Your Benefits (under the headings Plan Participation and When Your Coverage Begins):

Plan Participation
To participate in this Plan, you must work for one or more Employers who are obligated under a written agreement to make contributions to the Plan on your behalf.

If your Employer stops making contributions to the Plan, you will no longer be eligible for benefits. (See page 3 of this supplement for information about COBRA continuation of coverage if you lose eligibility.)

When Your Coverage Begins
Eligibility is based on an Hour Bank. Your coverage begins on the first day of the second month after:

1. You work at least 240 hours in a period of four consecutive calendar months or less, and

2. Your Employer actually makes the required Plan contributions. The month between the period that you worked the required hours and the month when you first become eligible is called a lag month. The lag month allows sufficient time for Employer contributions to be received and processed by the TBT Plan Administration Office.

If you complete the 240-hour requirement in less than four consecutive calendar months, your coverage begins on the first day of the second calendar month after the month when you complete the 240-hour requirement—as long as your Employer makes the required Plan contributions on your behalf for those hours.

Example #1. You start working in April. You work a total of 240 hours during April, May, June and July. Your Employer contributes on your behalf for each of those four months. The lag month is August. Your coverage begins on September 1—as long as all your required enrollment forms are received by the TBT Plan Administration Office.

Example #2. You start working in April and work the 240 minimum required hours in April and May. Your coverage begins on July 1 (June would be the lag month)—as long as the required contributions are paid and your enrollment forms are received.

Note: Return to the Plan V Guide page 2: Enrollment is not Automatic.

“GUIDE” PAGE 5

The following text replaces the section on page 5 of the Plan V Guide to Your Benefits (under the heading How Coverage Continues):

How Coverage Continues
Hours are added to your Hour Bank based on Employer contributions. For each month of coverage, 80 hours will be subtracted from your Hour Bank.

The maximum number of hours you can have in your Hour Bank, after deduction of the 80 hours required for current month eligibility, is 240. Therefore, an Hour Bank with 240 hours banked will provide up to three additional months of coverage if all Employer contributions stop.

Important: The lag month always applies to Employer contributions.

Example: Hours worked in May are paid by your Employer in June and are available in your Hour Bank for July eligibility.

There is always a month in between the month in which hours are worked and the month that those hours are available in your Hour Bank.

If you have any questions concerning the balance of your Hour Bank or whether you have sufficient hours in your bank to maintain coverage, please contact the TBT Plan Administration Office.
“GUIDE” PAGE 5—CONTINUED

Loss of Eligibility

If your Hour Bank, in combination with eligible Employer contributions, falls below the 80 hours required for eligibility in any month, you will no longer be eligible for benefits. (See page 3 of this Supplement and COBRA Coverage in the Plan V Guide to Your Benefits for information about continuation coverage if you lose eligibility.)

For more information, see When Coverage Begins on page 1 of this Supplement. Also see When Coverage Ends, Reinstatement of Eligibility and Extension of Benefits While Totally Disabled on this page.

If you have any questions about how the Hour Bank works or about the hours in your Hour Bank, contact the TBT Plan Administration Office.

Note: Return to the Plan V Guide page 5: How to Enroll.

“GUIDE” PAGE 8

The following text replaces the sections on page 8 of the Plan V Guide to Your Benefits (under the headings When Coverage Ends, Reinstatement of Eligibility and Extension of Benefits While Totally Disabled):

When Coverage Ends

Coverage for you and your dependents ends on:

1. The first day of a month when the total of your reported hours and your Hour Bank falls below 80.
2. The first day of a month for which a required self-payment is not received by the 30th day of the same month.
3. The date when you enter full-time military service.
4. The date when you are no longer eligible for benefits.
5. For specific benefits, the date when the maximum benefit is reached for that covered participant or when a specific benefit is discontinued.
6. The date when your TBT Plan ends.

Coverage for your dependents ends at the same time yours ends, or sooner:

1. For your spouse, when you divorce (on the first day of the month after your divorce is final).
2. For your dependent child, the first day of the month after no longer qualifying as an eligible dependent as defined by the Plan (in the Plan V Guide to Your Benefits).

Reinstatement of Eligibility

If you lose eligibility and return to work with a participating Employer within two years, your new eligibility date will be the first day of the second month immediately following a month in which the total hours reported on your behalf and your Hour Bank equals at least 80. Any hours remaining in your Hour Bank at the time when your coverage ended will be counted to determine your eligibility date.

If you do not return to work with a participating Employer within two years, any hours remaining in your Hour Bank are forfeited and you are subject to the eligibility requirements for a new employee (explained on page 1 of this Supplement).

Note: If you (1) are enrolled in an HMO, (2) experience a lapse in your coverage of six months or longer, (3) then resume working enough to qualify for coverage, and (4) want to re-enroll in the HMO, you must send a new HMO application to the TBT Plan Administration Office.

Extension of Benefits While Totally Disabled

If you are eligible but rendered unable to work because you become totally disabled as a result of an illness or injury (see the definition of Total Disability on page 9 of the Guide to...
Your Benefits), coverage for you and your covered dependents will be credited as follows:

**One day of disability:**
- **4 hours of credit**

**Maximum hours credited:**
- **20 per week**

This means that while you are disabled, you will continue to be eligible for benefits without having hours deducted from your Hour Bank up to a maximum of 26 weeks in any period of 12 consecutive months.

If you remain totally disabled after your Hour Bank falls below 80, you may further extend your coverage as follows:

1. **Self-pay for up to six months for full coverage (medical, prescription drug, dental, vision and life insurance) at a rate determined by the TBT Board of Trustees.**
2. **Self-pay for up to 18 months (and, if you remain totally disabled, up to 29 months) for COBRA benefits (except if you become eligible for Medicare) at the COBRA rate then in effect (see COBRA Coverage in the Plan V Guide to Your Benefits).**

If you choose the six-month option, you may elect COBRA for the balance of the COBRA eligibility months remaining. However, if you experience a second disabling condition during your extended coverage, you will not be entitled to a further extension.

If you are enrolled in the Indemnity Medical option (rather than an HMO option) and you or a covered dependent remain totally disabled after your Hour Bank falls below 80 (and you do not elect COBRA continuation coverage), coverage for the disabling condition only will be continued without self-payment for up to 12 months. However, benefits will end as of the earliest date below:

1. The date when the total disability ends.
2. The date when coverage becomes effective without limitation as to the disabling condition, under any other group medical benefit or service plan or under any group insurance policy.

If you choose the six-month option, you may elect COBRA for the balance of the COBRA eligibility months remaining. However, if you experience a second disabling condition during your extended coverage, you will not be entitled to a further extension.

**Additional Extension**

If after the first three months you remain totally disabled, your Collective Bargaining Agreement may require your Employer to make contributions on your behalf for an additional period. If you remain totally disabled after the first three months and after any Employer-paid extension period, you may further extend your coverage as follows:

1. **Self-pay for up to six months for full coverage (medical, prescription drug, dental and life insurance) at the Employer contribution rate.**
2. **Self-pay for up to 18 months (and, if you remain totally disabled, up to 29 months) for COBRA benefits (except if you become eligible for Medicare) at the COBRA rate then in effect (see COBRA Coverage beginning on this page).**

If you are enrolled in the Indemnity Medical option (rather than an HMO option) and you or a covered dependent remain totally disabled after your Hour Bank falls below 80 (and you do not elect COBRA continuation coverage), coverage for the disabling condition only will be continued without self-payment for up to 12 months. However, benefits will end as of the earliest date below:

1. The date when the total disability ends.
2. The date when coverage becomes effective without limitation as to the disabling condition, under any other group medical benefit or service plan or under any group insurance policy.
3. The end of the 12-month period following the date when the Employer contributions paid on account of the eligible person stopped.

If you choose the six-month option, you may elect COBRA for the balance of the COBRA eligibility months remaining. However, if you experience a second disabling condition during your extended coverage, you will not be entitled to a further extension.

Proof of disability must be filed with the TBT Plan Administration Office before the end of the third month for which the disability hour credit is requested. You can request a Proof of Disability Claim Form from the TBT Plan Administration Office. You and your doctor each fill out a portion of the form. Send the completed form to the TBT Plan Administration Office.

**Note:** Return to the Plan V Guide page 8: Extension of Benefits Requirements.

**“GUIDE” PAGE 9**

The following text replaces the section on page 9 of the Plan V Guide to Your Benefits (under the heading Additional Extension):

**Additional Extension**

If after the first three months you remain totally disabled, your Collective Bargaining Agreement may require your Employer to make contributions on your behalf for an additional period. If you remain totally disabled after the first three months and after any Employer-paid extension period, you may further extend your coverage as follows:

1. **Self-pay for up to six months for full coverage (medical, prescription drug, dental and life insurance) at the Employer contribution rate.**
2. **Self-pay for up to 18 months (and, if you remain totally disabled, up to 29 months) for COBRA benefits (except if you become eligible for Medicare) at the COBRA rate then in effect (see COBRA Coverage beginning on this page).**

If you are enrolled in the Indemnity Medical option (rather than an HMO option) and you or a covered dependent remain totally disabled after your Hour Bank falls below 80 (and you do not elect COBRA continuation coverage), coverage for the disabling condition only will be continued without self-payment for up to 12 months. However, benefits will end as of the earliest date below:

1. The date when the total disability ends.
2. The date when coverage becomes effective without limitation as to the disabling condition, under any other group medical benefit or service plan or under any group insurance policy.
3. The end of the 12-month period following the date when the Employer contributions paid on account of the eligible person stopped.

If you choose the six-month option, you may elect COBRA for the balance of the COBRA eligibility months remaining. However, if you experience a second disabling condition during your extended coverage, you will not be entitled to a further extension.

Proof of disability must be filed with the TBT Plan Administration Office before the end of the third month for which the disability hour credit is requested. You can request a Proof of Disability Claim Form from the TBT Plan Administration Office. You and your doctor each fill out a portion of the form. Send the completed form to the TBT Plan Administration Office.

**Note:** Return to the Plan V Guide page 9: What is Total Disability? and COBRA Coverage.
GUIDE PAGE 13
The following text replaces the sections on page 13 of the Plan V Guide to Your Benefits (under the heading Leave for Military Service):

Leave for Military Service
If you go on leave from your covered employment, either voluntarily or involuntarily for active duty or training, Employer-paid coverage continues if your leave is 31 days or less. If your leave continues more than 31 days, you can continue coverage under the Uniformed Services Employment and Reemployment Rights Act (USERRA).

If you elect to continue coverage under USERRA, you will be charged the self-pay rate (a rate which is the same as the COBRA contribution described under COBRA Payments in the Plan V Guide to Your Benefits on page 11).

You may instead apply your Hour Bank to provide coverage at the applicable rate for active employees. The months of coverage so applied would no longer be available to provide coverage for you upon your return to covered employment. If you choose not to apply your reserve account, you may self-pay for coverage and your account balance is automatically preserved until your return to covered employment after termination of your military service.

If you waive USERRA coverage altogether, your Hour Bank will be restored when you return from military service.

Coverage ends on the earlier of:
1. The 24-month period beginning on the date your leave started, or
2. The day after the date your leave ends and you have not applied for or returned to employment, whichever occurs first.

If your coverage terminates by reason of service in the uniformed services, an exclusion or waiting period may not be imposed in connection with the reinstatement of your coverage when you return to work. However, this requirement does not apply to the coverage of any illness or injury determined by the Secretary of Veteran Affairs to have occurred or been aggravated during performance of service in the uniformed services. When you return from military service, you may either self-pay or use your restored Hour Bank to pay for your coverage until you reestablish your eligibility for coverage as a result of working hours.

You must elect this coverage; it is not automatic. If you do not give advance notice of your military leave, you will not be eligible to elect USERRA coverage unless your failure to provide such notice is excused under USERRA because it was impossible, unreasonable, or precluded by military necessity (in which case your coverage will be restored retroactively upon payment of all unpaid amounts due). If you give advance notice of your leave, you may elect USERRA coverage at any time within the first 60 days after your last day of employment.

Your first self-payment for USERRA coverage is due within 45 days of the date of your election and must be retroactive to the date your Employer-paid coverage ends.

Future payments are due on the first of the month and are delinquent if not received by the 30th day of the month. If your payment is significantly less than the actual payment due (as described under COBRA Payments on page 11 of the Plan V Guide to Your Benefits), your coverage will be terminated immediately. You may elect either core or core plus non-core coverage.

The duration of the leave combined with all your previous periods of military leave under the same Employer must not be more than five years (unless extended by national emergency or similar circumstance).

If your USERRA leave ends, you may be able to continue benefits as described under COBRA in the Plan V Guide to Your Benefits. However, your eligibility to self pay under USERRA will run concurrently with any COBRA self-pay period which begins on or after your military leave begins.

If You Have Eligibility Questions
Call the TBT Plan Administration Office with your questions. When calling, refer to your Plan name—Plan V-A (Construction).

Note: Return to the Plan V Guide page 14: Your TBT Medical Options.