

**RESOLUTION TO AMEND
THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
OF THE
PIPE TRADES SERVICES MN WELFARE FUND**

On the date provided below, the Board of Trustees (“Trustees”) of the Pipe Trades Services MN Welfare Trust (“Trust”) resolved to amend the Pipe Trades Services MN Welfare Fund restated effective January 1, 2024 (“Welfare Fund”) to revise its Dependent eligibility provisions regarding newborns.

WHEREAS, the Trustees are duly designated and appointed as the trustees of the Trust;

WHEREAS, Article V, Section 2 of the Trust Agreement, which terms govern the operation of the Welfare Fund, authorizes the Trustees to amend the Welfare Fund;

WHEREAS, the Trustees believe it is in the best interests of the Welfare Fund and its Participants to provide that the natural born children of Participants are enrolled in coverage as of the date of the child’s birth.

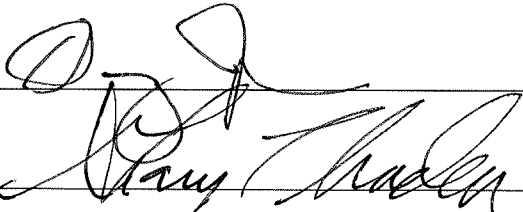
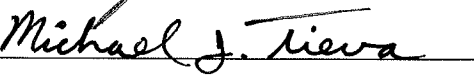
NOW, THEREFORE, the Welfare Fund is amended modify the Welfare Fund’s enrollment process for newborn children and correct miscellaneous typos and errors as provided in the attached replacement pages 15, 21, 27, 28 and 29 of the Welfare Fund.

Effective Date of Amendment: July 1, 2023



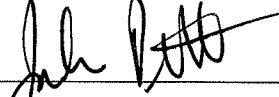

Resolution Date: September 26, 2024

Execution Date: September 26, 2024

EMPLOYER TRUSTEES

UNION TRUSTEES

- When you gain or lose a Dependent;
- Have a Dependent Child who turns age 26;
- Change your contact information (e.g., address, telephone number, email address, etc.);
- Experience a change in coverage under a state Medicaid plan or a Children's Health Program ("**CHIP**"); or
- Gain or lose other coverage or insurance.

If you or your Dependents are eligible under the Welfare Fund, but are not enrolled in Welfare Fund coverage, you and your Dependents may have special enrollment rights if you lose your other coverage, acquire a new Dependent, or become eligible for a premium assistance subsidy under a state Medicaid plan or a CHIP. To exercise your special enrollment rights, you must notify the Fund Office within 30 days of the date you lose other group health coverage or you acquire a new Dependent. If you lost coverage under a state Medicaid plan or a CHIP, or become eligible for a premium assistance subsidy under a state Medicaid plan or a CHIP, you must notify the Fund Office within 60 days of such event. Once enrolled, an individual's eligibility for coverage is determined under the terms of [Section 6 \("Eligibility"\)](#).

Life events must be reported because they may affect your Welfare Fund coverage. Below is a list of life events and the corresponding documentation that you must provide to the Fund Office:

Marriage. A completed **Enrollment Form** and a copy of the official, state-issued marriage certificate.

Divorce. A copy of the recorded final divorce decree.⁶

Birth. Your natural born children are eligible when born. For other births, a completed **Enrollment Form** and a copy of the official, state-issued birth certificate may be required. You can also submit a copy of a hospital-issued birth certificate if you are enrolling your Child within 120 days of the Child's birth.

Adoption or Placement for Adoption. A completed **Enrollment Form** and a copy of the adoption or placement papers issued by a court.

Legal Guardianship. A completed **Enrollment Form** and a copy of the guardianship papers issued by a court.

Disability Retirement. A completed **Retirement Application**. See the [Pension Fund's SPD](#) for the medical documentation and examination requirements related to a Disability Pension. See [Section 6.B\(2\)\(d\) \("Disability Retirement"\)](#) for more information.

Disability Benefits. A completed **Weekly Disability Benefits Application** and supporting medical documentation as may be required by the Welfare Fund.

Death. A copy of the recorded death certificate.

⁶ See [Section 6.E \("Notice of Continuation Coverage Rights Under COBRA"\)](#) for more on a former Spouse's right to continue Welfare Fund coverage after the divorce.

- The day you work for an employer in the Pipe Trades Industry that is not signed to the CBA with a Union (you must notify the Fund Office immediately if you leave the Pipe Trades Industry or become self-employed);
- The day the Welfare Fund is terminated.

If your eligibility terminates and is not reinstated, you must meet the initial eligibility requirements to become eligible for benefits from the Welfare Fund again. See [Appendix A \(“Eligibility Example”\)](#) for an example of how the eligibility rules work.

3. **Eligible Dependents of Active Employees.** Your Dependents first become eligible for benefits on the same day you first become eligible. If a person becomes your Dependent while you are eligible (by marriage, adoption, or otherwise), that person becomes eligible on the day he or she becomes your Dependent provided that you submit a completed **Enrollment Form** to the Fund Office within 30 days of the individual becoming your Dependent. However, your natural born child will be eligible for coverage as of his or her date of birth. If you submit a completed **Enrollment Form** more than 30 days after the date the individual became your Dependent, your new Dependent will become eligible on the first day of the month following the month in which you submit a completed **Enrollment Form** to the Fund Office.

This [Subsection](#) does not apply to Helpers or Pre-Apprentices because their Dependents are not eligible for coverage under the Welfare Fund.

4. **Termination of Eligibility for Active Employees’ Dependents.** Once eligible, your Dependents will remain eligible until their eligibility is terminated. Each of your Dependents’ eligibility will terminate on the earliest of the following:
- The day your eligibility is terminated for any reason other than your death;
 - The last day of the month in which the Dependent ceases to qualify as your Dependent. See *Dependent* as defined in [Section 20 \(“Definitions”\)](#);
 - If you die, the day that is six months after the day on which your Dependents would otherwise have ceased to be eligible due to an insufficient balance in your Dollar Bank.

This [Subsection](#) does not apply to Helpers or Pre-Apprentices because their Dependents are not eligible for coverage under the Welfare Fund.

5. **Non-Bargaining Unit Employees.** NBU Employees are allowed to participate in the Welfare Fund upon the Board’s approval. NBU Employees participate in the Welfare Fund under the terms and conditions of the Trustees’ Policy for the Participation of Non-Bargaining Unit Employees and the applicable Participation Agreement approved by the Trustees. Generally, NBU Employees either:
- Work in the office of a Union, a Contributing Employer, or the Fund Office (“**Office Employees**”); or
 - Are former members of a Union (“**Alumni Employees**”).

NBU Employees generally participate in the Welfare Fund on the same basis as Journeyman Employees and Apprentices except as otherwise provided herein.

To be eligible for Disability Retirement, you may be required to submit to an examination by physicians and employment experts designated by the Pension Fund's Trustees, and may be required to submit to re-examination periodically as the Pension Fund's Trustees may direct. The cost of such examination will be assumed by the Pension Fund.

Your disability award from Social Security may be considered by the Pension Fund's Board, but it is not a binding determination of permanent and total disability under the terms of the Pension Fund. Each year, the Pension Fund may require that you submit forms or other documentation to confirm your continued disability under the terms of the Pension Fund.

If you are eligible for a Disability Pension, but the Pension Fund later determines that you are no longer permanently and totally disabled, you will no longer be eligible for Disability Retirement and your Retiree Coverage will terminate.

If you do not participate in the Pension Fund, but you would otherwise be eligible for a Disability Pension, the Welfare Fund's Board will determine whether you are permanently and totally disabled under the same rules that would be applied if you were participating in the Pension Fund and applied for a Disability Pension.

For more information about Disability Pensions, review the Pension Fund's SPD available online at www.ptsmn.org or by calling the Fund Office.

3. Maintaining Retiree Coverage. Once eligible for Retiree Coverage, you will remain eligible for Retiree Coverage until the earliest of the following:

- The first day of the first month for which you have not paid the Premium;
- The day you become eligible for Welfare Fund benefits that is not Retiree Coverage;
- The day you work for an Employer in the Pipe Trades Industry that is not signed to a CBA with a Union¹⁰; or
- The day the Welfare Fund or its Retiree Coverage is terminated.

If you are no longer eligible for Retiree Coverage, you must meet the initial eligibility requirements to become eligible for any Welfare Fund benefits again.

4. Dependent Eligibility. You may cover your Dependents through the Welfare Fund's Retiree Coverage beginning the same day that you become eligible for Retiree Coverage.¹¹ If an individual becomes your Dependent while you are eligible for Retiree Coverage (by marriage, adoption, or otherwise), that person becomes eligible on the day he or she becomes your Dependent if you submit a completed **Enrollment Form** to the Fund Office within 30 days of

⁹ You must immediately notify the Fund Office if you leave the Pipe Trades Industry or become self-employed.

¹⁰ You may waive your Dependent's eligibility by submitting a completed **Waiver of Dependent Coverage** form to the Fund Office. Waiving your Dependent's(s') coverage will not reduce your Premium.

that individual becoming your Dependent. However, your natural born child will be eligible for coverage as of his or her date of birth. If you submit a completed **Enrollment Form** more than 30 days after the date that the individual becomes your Dependent, your new Dependent will become eligible on the first day of the month following the month in which you submit the completed **Enrollment Form**.

Once eligible, your Dependents remain eligible until their eligibility is terminated. Each of your Dependent's eligibility will terminate on the earliest of the following:

- The last day your eligibility is terminated for any reason other than your death;
- The last day of the month in which the Dependent ceases to qualify as your Dependent;
- Following your death, the first day of the first month for which your Dependent has not paid the Premium.

If you die while eligible for Retiree Coverage, certain Dependents may sustain their eligibility for Retiree Coverage by continuing to pay the Premium. The rule only applies to a Spouse or a Spouse and Children, it does not apply to coverage for Children only.

5. **Working After Retirement.** If you are enrolled in the Welfare Fund's Retiree Coverage and continue to work or resume working in the Pipe Trades Industry, your Employer's Contributions will not be allocated to your Dollar Bank unless you notify the Fund Office that you are returning to work as an active Employee.
6. **Premiums for Retiree Coverage.** You must pay the required Premium amounts to maintain your Retiree Coverage. You may pay the required Premium amounts out of pocket or from your Dollar Bank if you have a positive Dollar Bank balance as of the date the Premium is due. Your Premiums may be reduced at age 60 if you are eligible for RHT Benefits as described in Subsection 6B(9) below.

A widowed Spouse who is eligible for Retiree Coverage must also pay the applicable Premium. The Premium will be based on the Retiree's age until the widowed Spouse reaches age 60. Once the widowed Spouse reaches age 60, the Premium will be based on the widowed Spouse's age.

Retirees may elect Retiree Dental Coverage and pay the required Premium as described in Section 9 ("Pipe Trades Services MN Dental Plan").

See Section 6.C below for more rules applicable to your Premium payments.

Contact the Fund Office if you have questions about your Premium.

7. **Pre-Medicare Retiree Benefits.** All benefits available to Pre-Medicare Retirees under the Welfare Fund are listed in Section 5.B ("Pre-Medicare Retirees and Their Dependents").
8. **Medicare-Eligible Retiree Benefits.**
 - a) **Overview of Benefits.** Health Benefits for Medicare-Eligible Retirees are provided through insured Medicare Advantage and Medicare Supplement (Medigap) plans. These policies are purchased by the Welfare Fund from a third-party insurance carrier—HealthPartners. The policy applicable to you and your Dependents (if applicable) generally depends on

where you reside. Your coverage is described in an Evidence of Coverage document that is available for your review online once you log into your authenticated account.

See Section 3 (“Important Contact Information”) for information on accessing the applicable Evidence of Coverage.

All benefits available to Medicare-Eligible Retirees under the Welfare Fund are provided in Section 5.D (“Medicare-Eligible Retirees and Their Dependents”).

- b) Medicare Enrollment. You and your Dependent Spouse must enroll in both Medicare Parts A and B to enroll in this insured coverage available to Medicare-Eligible Retirees. The initial Medicare seven-month enrollment period ends three months after the month of your 65th Birthday. If you fail to enroll during this period or if you drop out, you can enroll later, but at a penalty rate. See Appendix B (“Medicare Basics”) for more general information about Medicare and its enrollment process.
 - c) Enrollment in Coverage. You and your Spouse will receive a **Medicare-Eligible Retiree Coverage Application** form from the Fund Office about six weeks prior to your 65th birthday. You will be enrolled in the coverage available to Medicare-Eligible Retirees once you submit a completed **Medicare-Eligible Retiree Coverage Application** and pay your first monthly Premium for your Medicare-Eligible Retiree coverage.
 - d) Terms of Coverage. The terms of the applicable Evidence of Coverage document(s) are incorporated into the Welfare Fund as if fully-stated herein. The benefits made available to Medicare-Eligible Retirees are a component benefit of the Welfare Fund. This SPD and the Evidence of Coverage document(s) apply to the Welfare Fund’s Retiree Coverage for Medicare-Eligible Retirees. To the extent there is a conflict between the terms of the Welfare Fund’s SPD and the Evidence of Coverage document(s), the Evidence of Coverage document(s) control.
- 9. RHT Benefits and Premiums**. If you are eligible for RHT Benefits, the Retiree Health Trust will provide you with a **Contribution Allowance** that reduces your monthly Premiums. Your Contribution Allowance will vary based on your years of service (one **Service Credit** for one year of service) and your age. Generally, to be eligible for RHT Benefits you must be at least age 60, eligible for Retiree Coverage, and have accrued at least 10 Service Credits. You may also be entitled to RHT Benefits if you have a Disability Retirement.
- a) RHT Benefits for Pre-Medicare Retirees. If you are a Pre-Medicare Retiree, the amount of your Contribution Allowance is equal to \$34.188 per Service Credit per month.

For example, a Contribution Allowance for a Retiree who is age 61 and has 20 Service Credits will be \$683.76 per month (\$34.188 x 20 Service Credits).
 - b) RHT Benefits for Medicare-Eligible Retirees. If you are a Medicare-Eligible Retiree, the amount of your Contribution Allowance is equal to \$14.073 per Service Credit per month.