

HEALTH AND WELFARE AND PENSION FUNDS

DATE: April 24, 2020

TO: Eligible Participants

FROM: Board of Trustees

SUBJECT: Fox Valley Laborers Health and Welfare Fund

Summary of Material Modifications

BOARDS OF TRUSTEES

WELFARE FUND

Employer Trustees

John P. Bryan, Secretary Steven E. Lamp Brian T. Rausch

Employee Trustees

Vernon A. Bauman, Chairman Mark A. Castelvecchi Martin D. Dwyer

PENSION FUND

Employer Trustees

John P. Bryan, Secretary Steven E. Lamp Brian T. Rausch

Employee Trustees

Vernon A. Bauman, Chairman Martin D. Dwyer Brian M. Urso This letter is a Summary of Material Modifications to the Plan Document. Please read this letter carefully and keep it with your copy of the January 2019 Edition of the Summary Plan Description booklet. The letter contains information on an extension of the modified look-back rule of the eligibility provisions.

Eligibility - Continued Coverage for Active Participants

The Board of Trustees approved amending the Plan to change the "look-back" rule from 1,000 hours to 800 hours. The 800 hour "look-back" rule will be effective from July 1, 2018 ending with the Benefit Quarter finishing June 30, 2022. Unless otherwise approved by the Trustees, effective with the Benefit Quarter beginning July 1, 2022 the "look-back" rule will be 1,000 hours.

Therefore, effective July 1, 2018 to June 30, 2022 to continue coverage the Fund must receive either contributions from your employer for 270 or more hours of work during a contribution quarter or 800 hours or more of work in any four consecutive contribution quarters. The following chart shows how this works.

If you Earn 270 Hours or
More During One of TheseIf you Earn 800 Hours
or More During ThisYou will be Eligible for
Benefits During One of
These QuartersContribution Quarters12-Month PeriodThese Quarters

February, March, April 12 months ending April 30 July, August, September
May, June, July 12 months ending July 31 October, November, December
August, September, October 12 months ending October 31 January, February, March
November, December, January 12 months ending January 31 April, May, June

However, if you initially became covered because you earned 500 hours in a six-month period, and your coverage started in the middle of a benefit quarter, your coverage will continue through the end of the following benefit quarter.

If you have any questions reading this notice, please contact the Fund Office.

SUMMARY OF MATERIAL MODIFICATIONS – April 2020 – EIN: 36-6219639 – PLAN NO. 501. This announcement contains highlights of certain features of the Fox Valley Laborers Health and Welfare Plan. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the language contained in this announcement and the documents that establish the Plan, the document language will govern and control. The Trustees reserve the right to amend, modify or terminate the Plan at any time. Receipt of this announcement does not guarantee eligibility.





English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-696-6775.
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 6775-696-877-1
Chinese	注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-877-696-6775。
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-696-6775.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-696-6775.
Greek	ΠΡΟΣΟΧΗ: Εάν μιλάτε αγγλικά, οι υπηρεσίες γραμματείας, δωρεάν, είναι διαθέσιμες σε εσάς. Καλέστε 1-877-696-6775.
Gujarati	સાવધાન: જો તમે ઇંગલિશ બોલતા હો, ભાષા સહાય સેવાઓ, નિ:શુલ્ક, તમારા માટે ઉપલબ્ધ છે. 1-877-696-6775 પર કૉલ કરો
Hindi	सावधानीः यदि आप अंग्रेजी बोलते हैं, तो भाषा सहायता सेवाएं निःशुल्क, आपके लिए उपलब्ध हैं। 1-877-696-6775 पर कॉल करें।
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-696-6775.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-696-6775 번으로 전화해 주십시오.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-696-6775.
Russian	В Н ${\rm И}{\rm M}{\rm A}{\rm H}{\rm H}{\rm E}$: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-696-6775.
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-696-6775.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-696-6775.
Urdu	لئے کے آپ ،چارج مفت ،خدمات یک مدد یک زبان ،تو ری، بسولتے انگلش آپ اگر :انتباہ
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-696-6775.

