



SUMMARY OF MATERIAL MODIFICATIONS

TO: ALL PARTICIPANTS
TEAMSTERS LOCAL 639-EMPLOYERS HEALTH FUND

RE: Limitations Period for Claim or Civil Action against the Fund and Workers' Compensation Claims' Appeals

Dear Participant:

The Board of Trustees of the Teamsters Local 639-Employers Health Fund have recently made two modifications to the rules and regulations surrounding the plan of benefits you receive from the Fund and would like to notify you and explain these changes, effective as of July 29, 2014.

1. Limitations Period for Claim or Civil Action Against the Fund

The Trustees have modified the time limit for a participant to file a claim or civil action against the Fund following an adverse benefit decision by the Fund's Trustees. Prior to this action, the limitations period was based on the applicable state statute of limitation. The Trustees took this action to adopt a uniform limitations period for the Fund.

Under the Fund's governing documents, if your claim for benefits is denied, you may file an appeal to the Trustees within the time period specified in the Fund's Summary Plan Description. You may not bring an action in a court of law unless the claims review procedure before the Trustees is exhausted and a final determination has been made by the Trustees. Any such action must be filed within one (1) calendar year of the date of the final determination by the Trustees. Any challenge will be limited to the facts, evidence and issues presented to the Trustees during the claims review procedure. Issues not raised with the Trustees during the appeal provided will be deemed waived.

2. Workers Compensation Claims' Appeals

The Trustees have clarified the Fund's penalty for a participant's failure to properly appeal a workers' compensation claim denial to the appropriate workers' compensation administrative authority as required pursuant to the Fund's rules set forth in the Summary Plan Description.

The Fund currently requires that a participant, who receives a denial of his workers' compensation claim from the insurance carrier, must appeal that decision to the appropriate workers' compensation administrative authority. Then, the participant may file a claim for benefits from the Fund once the appeal has been submitted to the administrative authority.

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However, effective immediately, if a participant fails to properly appeal the insurance carrier's claim denial to the appropriate workers' compensation administrative authority, the participant will receive a suspension of his or her benefits under the Fund until such time as future benefit payments owed for that participant equal the amount that the Fund expended for benefits associated with that participants' work-related injury. All the other provisions of the workers' compensation rules as set forth in your Summary Plan Description continue to apply.

If you have any questions about these benefit changes, please call the Fund Office at (202)-636-8181 or 1-800-983-2699.

The Board of Trustees

Please place this in your Summary Plan Description for handy reference and safekeeping. If you do not have a Summary Plan Description and subsequent Summary of Material Modifications, you may obtain copies by contacting the Fund Office.