



LOCAL



Welfare, Pension, Annuity, Job Training, Vacation & Sick Leave Trust Funds

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**VERY IMPORTANT NOTICE TO PARTICIPANTS AND DEPENDENTS COVERED BY THE
Local 282 Trust Funds
Important Information Regarding Your Benefits**

This document is a Summary of Material Modifications (“SMM”) intended to notify you of important changes affecting the Local 282 Welfare Trust Fund (the “Health Plan”), the Local 282 Annuity Trust Fund (the “Annuity Plan”), and the Local 282 Pension Trust Fund (the “Pension Plan”). You should take the time to read this SMM carefully and keep it with the copy of the summary plan descriptions (“SPDs”) that were previously provided to you. If you have any questions regarding these changes to the Plan, please contact the Fund Office at (516) 488-2822 or (718)-343-3322.

March 31, 2021

Re: **Deadline Extensions Related to COVID-19 and
Changes to Welfare Plan**

Dear Plan Participant,

The Trustees of the Local 282 Trust Funds (the “Plans”) are writing to advise you of a change that is applicable to all of the 282 Trust Funds and certain changes applicable only to the Welfare Plan.

All Plans

The Department of Labor (“DOL”) recently issued guidance regarding deadlines for you to take certain actions, listed below, in light of the COVID-19 National Emergency. Please read this notice carefully as your deadline may be expiring soon. This notice replaces any previous notice you may have received from us regarding this matter, such as the notice that was sent to you May 26, 2020.

Last year, due to the COVID-19 National Emergency, the federal government extended certain deadlines for pension and health plan participants and beneficiaries. The extensions applied to the following deadlines:

- The special enrollment period to request mid-year enrollment in the Health Plan after acquiring a new dependent due to birth, marriage, adoption, or placement of adoption or losing your coverage under a different plan. Keep in mind, however, that the sooner you notify the Health Plan of a new dependent, the sooner you will secure coverage for the dependent. Also, keep in mind that you must notify the Health Plan when your child turns age 26 and within 60 days of your divorce. These deadlines are not extended, and your failure to notify the Health Plan of these events could lead to overpayments by the Health Plan for which you and your dependents may be liable.
- The 60-day period for electing COBRA continuation coverage, as well as the date for making COBRA premium payments, although you still have to make full payment of the COBRA premiums retroactive to the first day for which you are eligible for COBRA coverage if you elect it. You cannot simply pay the COBRA premium for a single month when you have expenses. In order to be covered

for any month in the extended COBRA election and payment period, you have to pay the premium for that month and all preceding months.

- The date to notify the Health Plan of a COBRA qualifying event or determination of disability.
- The deadline for individuals to file a claim for benefits under the Health Plan's claims procedure.
- The deadline for claimants to file an appeal of an adverse benefit determination under the Health Plan's claims procedure.
- The deadline for claimants to file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination.
- The deadline for a claimant to file information to perfect a request for external review upon a finding that the request was not complete.

Under new guidance just issued by the government, if your deadline for taking any action listed above falls (or fell) on March 1, 2020 or later, you are entitled to additional time to take that action. For calculating your deadline, we will disregard the time period until 60 days after the announced end of the National Emergency. However, in no event will your deadline be extended more than one year.

For example, let's say you have a deadline of 60 days starting on April 1, 2021 to take an action listed above, such as electing COBRA. In that case, your normal deadline would be May 31, 2021, 60 days after April 1. However, under this new guidance, your time period will not start running until 60 days after the announced end of the COVID-19 National Emergency. If the announced end is October 10, 2021, your new deadline period would start to run on December 9, 2021, 60 days after the announced end. In this example, with a 60-day deadline, your extended deadline would be February 7, 2022, 60 days after December 9, 2021. If the National Emergency has not ended, however, your deadline cannot go past May 31, 2022, since it cannot be extended more than one year.

Because some individuals' deadline may have already passed or are fast approaching, the Plan is granting an additional extension for anyone whose extended deadline would have fallen within 60 days of the date of this notice, above. Your extended deadline will not be earlier than that date.

You should carefully review your communications from the Plan regarding your deadline to determine what your original deadline was or is, so you can determine what the extended deadline is. Please be on the lookout for future communications from us regarding this extension, which is subject to change based on further guidance or rules from the government.

Welfare Plan Changes and Information

Eligibility Changes

The Trustees are pleased to announce a reduction in the hours required to be eligible for coverage from the Welfare Plan.

Eligibility under the Welfare Plan is determined each quarter based on a participant's hours of work in Covered Employment. Before the change described below, participants have been required to work 200 hours in a given "employment quarter" in order to be eligible for Welfare Plan coverage in the following "eligibility quarter." Employment quarters are the three-month period starting January 1, April 1, July 1, and October 1 of each year. Eligibility quarters start February 1, May 1, August 1, and November 1 of each year. For instance, in order to be eligible for coverage in the eligibility quarter from February through April, the participant was required to work 200 hours in the employment quarter from prior October through December. (There are other ways to become eligible for coverage, including the Look-Back Rule. See the SPD and prior SMMs for a description.)

In light of work slowdowns in the winter months, the Trustees of the Fund have reduced the hour requirement for the employment quarters of the first quarter (January to March) and fourth quarter (October to December) from 200 hours of work in Covered Employment to 160 hours. This change is effective starting for the fourth calendar quarter of 2020. Accordingly, for instance, in order to be eligible for coverage in the eligibility quarter from February through April, the participant is required to work 160 hours during the three-month

employment quarter of the prior October through December. For the fourth calendar quarter (October to December) of 2020 only, the Trustees have reduced the hour requirement to 159.75 hours.

Plan Year Change

Effective January 1, 2022, the Plan Year of the Welfare Plan will change from March 1 to February 28 to the calendar year (i.e., January 1 to December 31). This change is for accounting and internal administration purposes and does not affect your benefits.

COBRA Subsidy

As you may have heard, the recently enacted American Rescue Plan Act of 2021 offers a subsidy for individuals electing COBRA coverage in certain circumstances and for certain time periods. Further information regarding the COBRA subsidy will be available soon.

Fraternally yours,
The Board of Trustees of the Local 282 Trust Funds

This summary of material modifications (“SMM”) is intended to provide you with an easy-to-understand description of certain changes to Plans.

The Boards of Trustees (or their duly authorized designees), reserves the right, in their sole and absolute discretion, to amend, modify or terminate the Plans, or any benefits provided under the Plans, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plans and the Agreements and Declaration of Trust establishing the Plans (the “Trust Agreements”). No individual other than the Boards of Trustees (or their duly authorized designees) have any authority to interpret the Plans, to make any promises to you about benefits under the Plans, or to change any provision of the Plans. Only the Boards of Trustees (or their duly authorized designees) have the exclusive right and power, in their sole and absolute discretion, to interpret the terms of the Plans and decide all matters, legal and/or factual, arising under the Plans.