

AMENDMENT NO. 4
TO THE
LABORERS HEALTH AND WELFARE TRUST FUND
FOR NORTHERN CALIFORNIA
SPECIAL PLAN
AMENDED AND RESTATED AS OF JANUARY 1, 2016

The undersigned Chairman and Co-Chairman of the Board of Trustees of the Laborers Health and Welfare Trust Fund for Northern California hereby certify that at a meeting of the Board of Trustees held on March 18, 2020 the following Amendment to the Laborers Health and Welfare Trust Fund for Northern California Special Plan was adopted pursuant to authority given to the Board by Article IV, Section 1 of the Amended and Restated Trust Agreement establishing the Laborers Pension Trust Fund for Northern California (Amended and Restated September 2008). **Effective February 1, 2020**, the Plan is amended as follows.

1. Article II, Section 3.d. is revised to read as follows:

d. Notice Requirements for Qualified Beneficiaries.

- 1) The Qualified Beneficiary is responsible for providing the Trust Fund Office with timely written notice of any of the following events:
 - a) The divorce or legal separation of a Special Plan Participant from his Dependent spouse.
 - b) Death of the Special Plan Participant.
 - c) A child losing Dependent status under the Plan.
 - d) If a second Qualifying Event occurs after a Qualified Beneficiary has become entitled to COBRA with a maximum of 18 (or 29) months.
In the case of the events described in Subsections (a), (b), (c) and (d) above, the Qualified Beneficiary must notify the Trust Fund Office in writing no later than 60 days after the date of the Qualifying Event.
 - e) When a Qualified Beneficiary entitled to receive COBRA Continuation Coverage with a maximum of 18 months has been determined by the Social Security Administration to be totally disabled any time before or during the first 60 days of COBRA Continuation Coverage, the Qualified Beneficiary must provide written notice to the Trust Fund Office of the disability determination before the end of the 18-month continuation coverage period.
 - f) When the Social Security Administration determines that the Qualified Beneficiary is no longer disabled, written notice must be provided to the Trust Fund Office no later than 30 days after the date of the determination by the Social Security Administration that the person is no longer disabled.
- 2) The written notice must contain the following information: name of Qualified Beneficiary, the Special Plan Participant's name and Health Plan ID or social security number, the Qualifying Event for which the notice is being given, the date of the Qualifying Event, copy of the final marital dissolution if the event is a divorce or if the event is a legal separation, a copy of the court order of legal separation.
- 3) Notice may be provided by the Special Plan Participant or Qualified Beneficiary with respect to the Qualifying Event or any representative acting on behalf of the Special

Plan Participant or Qualified Beneficiary. Notice from one individual will satisfy the notice requirement for all Qualified Beneficiaries affected by the same Qualifying Event.

- 4) Failure to provide the Trust Fund Office with written notice of the occurrences described in Subsection 3.d.(1) and within the required time frames will prevent the individual from obtaining or extending COBRA Continuation Coverage.

2. Article II, Section 3.j. is revised to read as follows:

j. Duration of Coverage.

- 1) A Qualified Beneficiary whose coverage terminated because of a Qualifying Event as described in Subsection 3.b.(1) may elect continuation coverage for up to 18 months from the date of termination of eligibility. This 18-month period will expand to a maximum of 36 months from the date of the Qualifying Event if a second Qualifying Event (other than a Qualifying Event described in Subsection 3.b.(1)) occurs with respect to that Qualified Beneficiary during the original 18-month period and while the Qualified Beneficiary is covered under the Plan.
- 2) If coverage is terminated due to a Qualifying Event described in Subsection 3. b.(1), the 18-month period may be extended up to a total of 29 months for any Qualified Beneficiary who is determined by Social Security to be totally disabled any time before or during the first 60 days of COBRA Continuation Coverage. The disabled person and family may extend COBRA Continuation Coverage beyond the original 18 months up to 29 months. To qualify for the additional 11 months, a Qualified Beneficiary must report the Social Security disability determination to the Trust Fund Office in writing before the original 18-month period expires. Premiums charged for the additional 11-month period will be approximately 50% higher than the premiums for the initial 18-month period.
- 3) If the Qualifying Event described in Subsection 3.b.(1) occurs less than 18 months after the date the Eligible Individual becomes Eligible for Medicare (Part A, Part B or both), the maximum period of continuation coverage for the Dependents of a Special Plan Participant will be 36 months from the date of Medicare entitlement.
- 4) Medicare entitlement is not a Qualifying Event under the Plan. Medicare entitlement following a Special Plan Participant's termination of employment will not extend a Dependent Qualified Beneficiary's COBRA coverage beyond the 18-month period allowed for the Qualifying Event described in Subsection 3.b.(1).
- 5) A Qualified Beneficiary whose coverage would otherwise terminate because of a Qualifying Event other than one described in Subsection 3.b.(1), may elect continuation coverage for up to 36 months from the date of the Qualifying Event.

Executed this 9th day of April, 2020.

/s/ Bill Koponen

Chairman, Bill Koponen

/s/ Oscar De La Torre

Co-Chairman, Oscar De La Torre