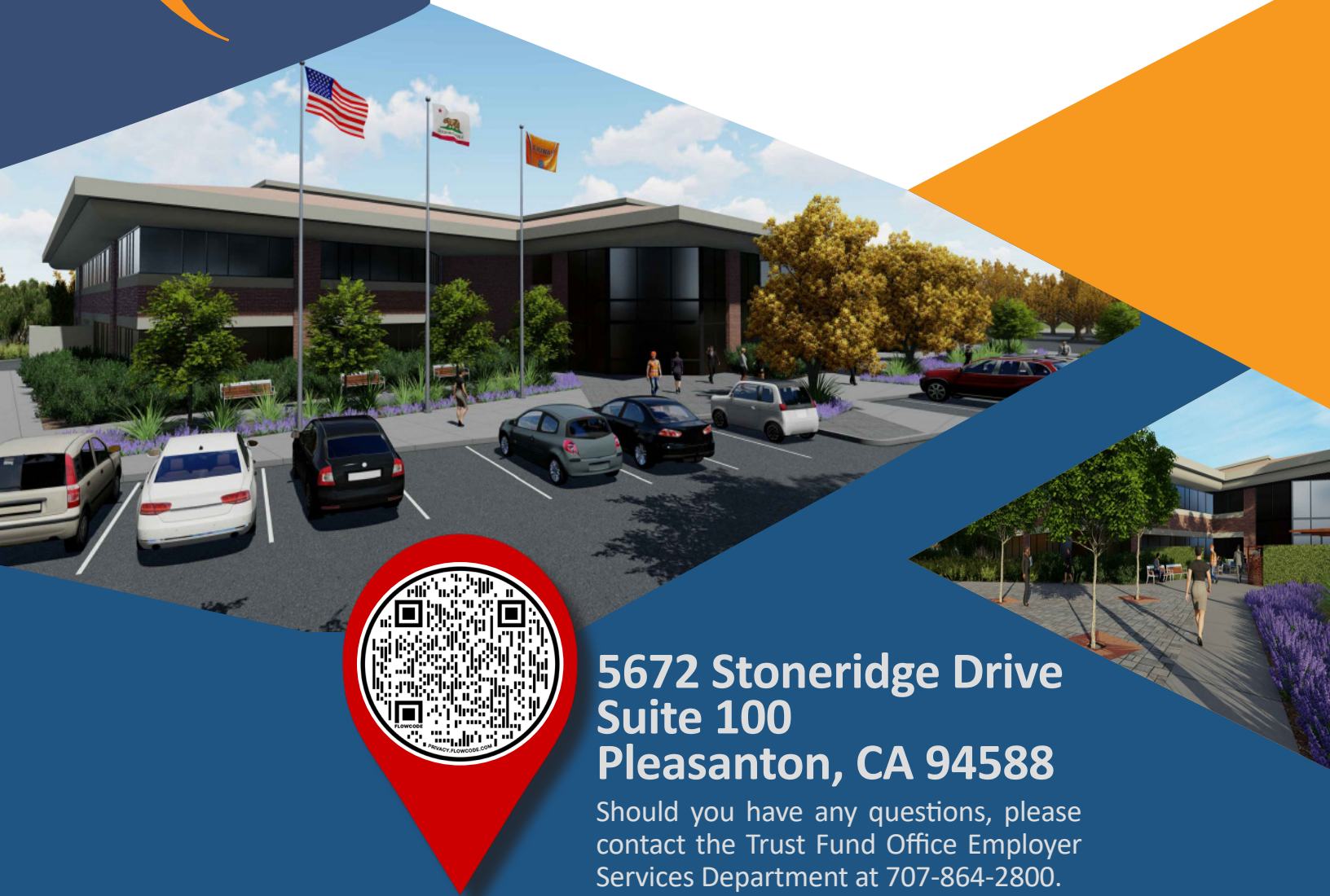




LFAO HAS MOVED TO PLEASANTON



5672 Stoneridge Drive
Suite 100
Pleasanton, CA 94588

Should you have any questions, please
contact the Trust Fund Office Employer
Services Department at 707-864-2800.

IMPORTANT REMINDER:

- Please be aware that due to the ongoing pandemic, the Trust Fund Office is **not accepting walk-ins** and only offering in-person services for Retirement related member appointments, on a **“By Appointment Only”** basis. Call 707-864-2800 to schedule an in-person Appointment for Pleasanton Office.
- Starting in October, please make sure that all documents being mailed to LFAO are sent to the new address mentioned above.

** For quick access to our new office location and directions, scan the QR code above by simply using your camera app on your Iphone or Android device. For more information visit www.LFAO.org*

**LABORERS
VACATION-HOLIDAY TRUST FUND
FOR NORTHERN CALIFORNIA**

VACATION-HOLIDAY PLAN



Summary Plan Description
September 1, 2019

LABORERS VACATION-HOLIDAY TRUST FUND FOR NORTHERN CALIFORNIA

220 Campus Lane | Fairfield, California 94534

TELEPHONE: 707-864-2800 **TOLL-FREE NUMBER:** 800-244-4530

WEBSITE: lfao.org

EMAIL: customerservice@lfao.org

BOARD OF TRUSTEES

EMPLOYER TRUSTEES

Mr. Bill Koponen, Chairman

Mr. Kurt Kniffin

Mr. Jerry Overaa

Mr. Brian Gardner

Mr. James Troup

EMPLOYEE TRUSTEES

Mr. Oscar De La Torre, Co-Chairman

Mr. David Gorgas

Mr. Ramon Hernandez

Mr. Fernando Estrada

Mr. Enrique Arguello

LEGAL COUNSEL

Bullivant Houser Bailey PC

Weinberg, Roger & Rosenfeld

CONSULTANT AND ACTUARY

The Segal Company

ADMINISTRATIVE OFFICE

Laborers Funds Administrative Office of Northern California, Inc.

Byron C. Loney, Secretary

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Laborers Vacation-Holiday Trust Fund for Northern California

Introduction

We are pleased to provide you with this edition of your Summary Plan Description (SPD). This SPD describes some of the most important features and benefits available to you through the Laborers Vacation-Holiday Trust Fund for Northern California effective September 1, 2019 and replaces all other plan documents previously provided to you. We hope that you will read the SPD thoroughly to familiarize yourself with the terms and provisions of your Vacation-Holiday Plan.

This SPD describes your benefits as accurately as possible and in everyday language. From time to time, material changes may be made to the Plan provisions. These are communicated to you in the form of Important Benefit Plan Change Announcements. So that your information is complete and up to date, you should retain all Important Benefit Plan Change Announcements with this SPD.

You should keep this SPD in a handy location and refer to it when you have questions about the Plan. Be sure to share this SPD with your family since they too have an interest in the Plan.

We, the Board of Trustees (“Board”) of the Laborers Vacation-Holiday Trust Fund, have the sole and absolute discretionary authority to resolve any questions concerning the interpretation of the provisions of the Plan described in this SPD. No employer or union, any of their representatives, nor any other Plan representatives are authorized to interpret the Plan on our behalf nor can any of these entities act as our agent.



Laborers Vacation-Holiday Trust Fund for Northern California
220 Campus Lane | Fairfield, California 94534
707-864-2800 or toll-free 1-800-244-4530

Sincerely,

BOARD OF TRUSTEES

Important Information

- ❖ This SPD is only a summary of the Vacation-Holiday Plan benefits. The SPD cannot adequately reflect all of the details of the Vacation-Holiday Plan.
- ❖ **Board of Trustees Authority.** The Board has the exclusive right, in their sole and absolute discretion, to change or discontinue the eligibility rules and the amounts of benefits provided under this Plan. No employer or union, nor any representative of any employer or union, nor any other Plan representative is authorized to interpret the Plan on behalf of the Board—nor can any of these persons act as an agent of the Board. The Board has sole discretionary authority to make benefit determinations and to interpret any and all terms of the Plan and provisions in the SPD.
- ❖ **Trust Fund Office Role.** The Board has authorized the Trust Fund Office to respond to your questions regarding eligibility or benefits on their behalf. You should send your written questions to the Trust Fund Office to get a formal written answer. The Trust Fund Office may also respond informally to oral questions, however, you should note that answers and information given verbally cannot be relied on in any dispute concerning your benefits and are not binding upon the Board.
- ❖ **Gender.** Wherever any words are used in this SPD in the masculine gender, they should be considered as though they were also used in the feminine gender and vice versa.
- ❖ Wherever any words are used in this SPD in the singular form, they should be considered as though they were also in the plural form in all situations where they would so apply, and vice versa.
- ❖ **The Trust Agreement.** The Trust Agreement provides that Individual Employers and Special Employers are only required to make payments or contributions to the cost of the operation of the Fund or of the Plan, which are contained in a collective bargaining agreement, subscriber's agreement, participation agreement or the Trust Agreement. All contributions to the Vacation-Holiday Trust Fund are the wages of the Participant. The following information of this Plan are in general terms only.

Online Resources

Visit the Trust Funds' website to get the latest information about your Plan. You can also download or print forms, important announcements and other materials from the website.

24/7 Member Portal - Register to access your eligibility history and benefits information. The Trust Funds' website has a direct link to the Member Portal where you can easily set-up a secure online account to gain access, 24 hours a day, 7 days a week, to your eligibility record and benefits information.



Send an email if you have any questions to:
customerservice@lfao.org

Questions and Answers about Your Plan and Benefits

Q1. What is the Vacation-Holiday Plan?

The Vacation-Holiday Plan is a legal Trust Fund set up for the purpose of providing vacation and holiday pay benefits for Plan Participants.

Q2. Who is covered by the Plan?

Only Employees of Contributing Employers who work under the Collective Bargaining Agreement with the Northern California District Council of Laborers or one of its local unions or who perform work for the District Council, a local union, or the Laborers Training and Retraining Trust Fund for which Vacation-Holiday contributions are made to the Trust Fund Office.

Q3. Who contributes to the Plan?

The contributions to the Plan are made by participating Employers who are required to contribute to the Vacation-Holiday Fund in accordance to their agreement with the Union.

Q4. When are my Vacation-Holiday benefits paid?

Effective April 2020, if you are enrolled in Direct Deposit for Vacation benefits you will receive two benefit disbursements, one at the end of April and the other at the end of October, each year. If you are not enrolled in Direct Deposit, you will receive one benefit disbursement in the form of a paper check at the end of October each year. See illustration below for more information:

PRIOR TO APRIL 2020

PAYOUT	End of April	End of October
BENEFIT PERIOD	August 1 – January 31	February 1 – July 31
	<input checked="" type="checkbox"/> Direct Deposit	<input checked="" type="checkbox"/> Direct Deposit
	<input checked="" type="checkbox"/> Paper Check	<input checked="" type="checkbox"/> Paper Check

EFFECTIVE APRIL 2020

PAYOUT	End of April	End of October
BENEFIT PERIOD	August 1 – January 31	February 1 – July 31
	<input checked="" type="checkbox"/> Direct Deposit	<input checked="" type="checkbox"/> Direct Deposit
BENEFIT PERIOD	(Deferred to October Payout)	August 1 – July 31
	<input checked="" type="checkbox"/> Paper Check	<input checked="" type="checkbox"/> Paper Check

If you are receiving paper checks, it is suggested that you cash your benefit check as soon as possible after payment is made, but no later than 180 days after the date the check was issued. Checks that are not cashed within the 180 days period will become void and you will have to request that the Trust Fund Office issue a new check.

Q5. How is my Vacation-Holiday benefit calculated?

GROSS AMOUNT OF CONTRIBUTIONS: The Trust Fund Office will add all the contributions paid by your Employers during the applicable six-month or twelve-month work period mentioned in Question 4.

LESS DEDUCTION: Applicable deductions such as Supplemental Union Dues, tax liens or wage garnishment order will be deducted from the GROSS amount.

YOUR BENEFIT NET AMOUNT: The sum of GROSS and DEDUCTION above.

Q6. Do I get a balance account statement or notice so I can review my Vacation-Holiday account for any discrepancy?

The Trust Fund Office will send you a notice called “Statement of Account” before you get your benefit payment. The Statement will list, in work month sequence, the name of your Employer(s), the number of hours worked and the contribution amount for the six-month work period. The Statement will also include hours reported on your behalf to the Pension and Health and Welfare Trust Funds.


In the Statement, “UNPAID” will show if your Employer reported hours worked, but did not submit or pay the required contributions. Again, you will not receive any Vacation-Holiday benefit for unpaid contributions.

It is important to review and report any discrepancy you find to the Trust Fund Office as soon as possible. The Trust Fund Office will make every effort to collect contributions from delinquent Employers. Keep a copy of your Statement for future reference.

Q7. How can I prove unpaid Vacation-Holiday earnings?

Employers are required to provide a check stub or statement of earnings and deductions to their employees. You should retain all your check stubs to verify accuracy of your benefit payment later or when you receive your Statement of Account.

Q8. How do I notify the Trust Fund Office of my mailing address?

All Participants working for a Contributing Employer are required to complete and send an Enrollment Form to the Trust Fund Office. The information on your Enrollment Form is very important and the source used by the Trust Fund Office to identify you and where to send informational materials to you. You should file an Enrollment Form immediately after you start performing work for a Contributing Employer – you do not have to wait until you become eligible for benefits. Blank Enrollment Forms are available at your Local Union, the Trust Fund Office or you may download a copy from the Trust Funds’  website at lfao.org. Not filing an Enrollment Form may also cause a delay in the processing of your claims.


If your mailing address changes, it is your responsibility to notify the Trust Fund Office immediately by submitting a Change of Address Notification Form to the Trust Fund Office.

Q9. Who is entitled to my future benefits or unpaid benefits in the event I die?

When you complete an Enrollment Form, make sure to designate a beneficiary. The individual you designate as your beneficiary will be the person to whom benefits will be paid in the event of your death.

If you forget to designate a beneficiary or if the person you designated is already deceased or cannot be located, the benefits will be paid to the person or persons entitled to the benefits under the law such as your surviving spouse or children.

KEEP THE TRUST FUND OFFICE INFORMED

If you need to make changes to your mailing address, you should do so by submitting a Change of Address Notification form. If you want to change your beneficiary, you must complete and file a new Enrollment Form. Blank forms are available at your Local Union, the Trust Fund Office or you may download a copy from the Trust Funds'  website at lfao.org.

Information Required by the Employee Retirement Income Security Act of 1974 (ERISA)

1. The Plan is administered and maintained by a Joint Board of Trustees at the following address.



Board of Trustees
Laborers Vacation-Holiday Trust Fund for Northern California
220 Campus Lane | Fairfield, California 94534
707-864-2800 or toll-free 1-800-244-4530

The above is the name, address and telephone number of the Plan Administrator.

2. The Trust Fund Office will provide any Plan Participant or beneficiary, upon written request, information as to whether a particular employer is contributing to this Fund with respect to the work performed by Participants. Information about Contributing Employers and addresses for those employers can be obtained from the Trust Fund Office upon request.
3. The names, titles and business addresses of the Trustees are as of the printing of the SPD are:

EMPLOYER TRUSTEES	EMPLOYEE TRUSTEES
Mr. Bill Koponen – Chairman Syblon Reid 1130 Sibley Street Folsom, CA 95630	Mr. Oscar De La Torre – Co-Chairman Northern CA District Council of Laborers 4780 Chabot Drive, Suite 200 Pleasanton, CA 94588
Mr. Kurt Kniffin Stacy and Witbeck, Inc. 2800 Harbor Bay Parkway Alameda, CA 94502	Mr. David Gorgas Laborers Local Union No. 1130 P.O. Box 3448 Modesto, CA 95353
Mr. Jerry Overaa C. Overaa & Company 200 Parr Boulevard Richmond, CA 94801	Mr. Ramon Hernandez Laborers Local Union No. 261 3271 18th Street San Francisco, CA 94110
Mr. Brian Gardner Kiewit Infrastructure West Company 4650 Business Center Drive Fairfield, CA 94534	Mr. Fernando Estrada Laborers Local Union No. 304 29475 Mission Boulevard Hayward, CA 94544
Mr. James Troup Monterey Mechanical Company 8275 San Leandro Street Oakland, CA 94621	Mr. Enrique Arguello Laborers Local Union No. 270 2195 Fortune Drive San Jose, CA 95131

4. The Employer Identification Number (EIN) issued to the Board of Trustees by the Internal Revenue Service is 94-6092198. The Plan Number is 501.

5. The person designated as agent for the service of legal process is:



Mr. Byron C. Loney, Secretary
Laborers Vacation-Holiday Trust Fund for Northern California
220 Campus Lane | Fairfield, California 94534

The service of legal process may also be made upon a Plan Trustee or the Plan Administrator.

6. This program is maintained pursuant to various collective bargaining agreements. Copies of the collective bargaining agreements are available for inspection at the Fund Office during regular business hours and upon written request will be furnished by mail. A copy of any collective bargaining agreement which provides for contributions to this Fund will also be available for inspection within 10 calendar days after written request at any of the local union offices or at the office of any contributing employer to which at least 50 Plan Participants report each day.

7. The Plan's requirements with respect to eligibility for benefits.

The payment to the Fund by an Individual Employer on behalf of an employee covered by one or more of the various collective bargaining agreements establishes eligibility for participation and benefits.

8. Description of circumstances, which may result in disqualification, ineligibility, denial or loss of benefits.

Benefits will be paid to each Participant only to the extent that contributions have been received by the Trust Fund for him, and further, provided that the Participant has filed with the Trust Fund Office an Enrollment Form with his current address. It is presumed that the Vacation-Holiday payment is accurate unless challenged by the recipient within 60 days of the transmittal of the payment.

If the Board is not advised of an address to which notices and checks may be sent to a Participant within 48 consecutive calendar months after the start of a Vacation year, or if the amount in his account is not withdrawn within 48 consecutive calendar months for any reason, the amount in that account, including any amount received after the start of a Vacation Year with respect to that Vacation Year, will be deemed contributed to the cost of maintaining the Plan in effect, and any check issued for any amount will be void and ineffective.

9. All contributions to the Plan are made by Individual Employers in accordance with collective bargaining agreements in force with the Northern California District Council of Laborers or one of its affiliated local unions, or by the District Council or an affiliated local union with respect to certain of their employees pursuant to Board regulations. To the extent permitted by the earnings of the Trust Fund, supplemental payments may be distributed semi-annually to Participants.
10. Benefits are provided from the Laborers Vacation-Holiday Trust Fund for Northern California.
11. The end of the year for purposes of maintaining the Fund's fiscal records is May 31.
12. Procedures to be followed in presenting claims for benefits under the Plan.

The period during which vacations may be taken will be from January 1 through December 31 of each year (designated the "Vacation Year"). For employees enrolled in direct deposit, the sums credited to each Vacation-Holiday account for work performed during the period from August 1 of one calendar year through January 31 of the following calendar year and any supplemental payments authorized by the Board of Trustees, will be distributed on or about April 30 of that year. Sums credited to each

Vacation-Holiday account for work performed during the period from February 1 through July 31 of that year and any supplemental payments authorized by the Board, will be distributed on or about October 31 of that year. For employees not enrolled in direct deposit, the sums credited to each Vacation-Holiday account for work performed during the period from August 1 of one calendar year through July 31 of the following calendar year and any supplemental payments authorized by the Board of Trustees, will be distributed on or about October 31 of that year. Each distribution of Vacation-Holiday benefits and supplemental payments, if any, will be made annually by check mailed to Participants in a single mailing or semi-annually by direct deposit as directed by the Board of Trustees.

It is important that each Participant keep his check stubs or statements of earnings provided by his employers. This is the best proof of how much should have been contributed by the employers for Vacation-Holiday benefits.

Each Participant should compare the total of the Vacation-Holiday deductions made by all of his employers for the period covered by each disbursement, with the amount of his Vacation-Holiday check. If the amount of his Vacation-Holiday check is less than the total of the amounts deducted, it indicated that the employer has not contributed the full amounts due the Vacation-Holiday Trust Fund. The Statement of Account, which the Participant receives during March and September of each year, reflects the dollars contributed by each employer on his behalf. The Participant will receive only those amounts actually paid by the employer to the Trust Fund. The dollars on the Statement of Account should be verified. This is an important record.

If there is a discrepancy, the Participant must file a written protest with the Trust Fund Office within 90 days of the transmittal date of his check, supported by check stubs or statements. The Trust Fund Office will determine which employer or employers failed to remit the Vacation-Holiday contribution to the Trust Fund Office and will initiate collection procedures for the amounts not paid.

The Participant will be credited with the amounts collected from the employer and these amounts will be paid during the month following the month collected.

13. Right of appeal and determination of disputes.

- a. No Participant, beneficiary, or other person has any right or claim to benefits under the Vacation-Holiday Plan, or any right or claim to payments from the Trust Fund, other than as specified in the Plan. The Board of Trustees has discretionary authority to make all benefit determinations. Any dispute as to eligibility, or any right or claim to payments from the Trust Fund will be resolved by the Board under the Vacation-Holiday Plan provisions. The decision by the Board of Trustees of any dispute, right or claim will be final and binding on all parties, subject only to civil action under §502(a) of ERISA that may be brought by the petitioner and any person claiming under the petitioner. A civil action arising from the denial of benefits must be filed within one year from the date on which the Board of Trustees provides notice that the claimant's appeal has been denied, regardless of any state or federal statutes establishing provisions relating to limitations of actions. These provisions apply to and include any claim to benefits from the Trust Fund and any claim or right asserted under the Vacation-Holiday Plan or against the Trust Fund, regardless of the basis asserted by the claim and regardless of when the act or omission on which the claim is based occurred.
- b. If an application for benefits is denied, in whole or in part, by the Trust Fund Office (acting for the Board of Trustees), the applicant will be notified of the denial, in writing, within a reasonable period, but not later than 90 days after receiving the application, unless the Trust Fund Office determines that special circumstances require an extension of time for processing the application. In that case, a written notice of the extension will be furnished to the applicant prior

to the end of the 90-day period. Under no circumstances will the extension exceed 90 days from the end of the initial 90-day period. The notice of extension will indicate the special circumstances requiring an extension and the date by which the Plan expects to make a decision.

- c. The written notification of the denial of benefits will be set forth, in a manner calculated be understood by the applicant, and include:
 - 1. The specific reason(s) for the adverse determination;
 - 2. Reference to the specific Plan provision(s) on which the denial is based;
 - 3. A description of any additional material or information necessary for the applicant to complete the claim and an explanation of why the material or information is necessary;
 - 4. A description of the Plan's review procedures and the time limits that apply to those procedures, including a statement of the applicant's right to bring a civil action under §502(a) of ERISA following an adverse benefit determination on review.
- d. Any person whose application for benefits under this Plan has been denied, in whole or in part, by the Board of Trustees, or whose claim to benefits is denied by the Board of Trustees, may petition the Board of Trustees to reconsider its decision. A petition for reconsideration:
 - 1. Must be in writing; and
 - 2. Must state in clear and concise terms the reason(s) for disagreement with the decision of the Board of Trustees; and
 - 3. May include documents, records and other information related to the claim for benefits; and
 - 4. Must be filed by the petitioner or the petitioner's duly authorized representative with or received by the Trust Fund Office within 60 days after the date the notice of denial was received by the petitioner.

Upon good cause shown, the Board of Trustees may permit the petition to be amended or supplemented. Failure to file a petition for reconsideration within the 60-day period will constitute a waiver of the petitioner's right to reconsideration of the decision. Failure to file a petition, however, will not prevent the petitioner from establishing his entitlement at a later date based on additional information and evidence that was not available to him at the time of the decision by the Board of Trustees.

Upon request, the petitioner or the petitioner's duly authorized representative will be provided, free of charge, reasonable access to and copies of all documents, records and other information relevant to the petitioner's claim for benefits. A document, record, or other information is considered relevant to a petitioner's claim if it was:

- a. Relied upon in making the benefit determination,
- b. Submitted, considered or generated in the course of making the benefit determination, without regard to whether it was relied upon in making the benefit determination,

- c. Demonstrated that the benefit determination was made in accordance with Plan provisions that Plan provisions have been applied consistently with respect to similarly situated claims.

The review of the determination will take into account all comments, documents, records and other information submitted by the claimant relating to the claim without regard to whether the information was submitted or considered in the initial benefit determination.

- d. A benefit determination on review will be made by the Trustees or by a committee designated by the Trustees no later than the date of the quarterly meeting of the Board of Trustees that immediately follows receipt of the request for review, unless the request for review is filed within 30 days preceding the date of the meeting. In that case, a benefit determination will be made no later than the date of the extension of time for processing, a benefit determination will be made no later than the third meeting following receipt of the request for review. The Board of Trustees will provide the petitioner with a written notice of the extension, describing the special circumstances and the date by which the benefit determination will be made, prior to the commencement of the extension. The Board of Trustees will notify the petitioner of the benefit determination as soon as possible, but not later than 5 days after the benefit determination is made.

The notification of a benefit determination on review will be made in writing and will include the reason(s) for the determination, including references to specific Plan provisions on which the determination is based. It will include a statement that the petitioner is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the claim for benefits.



- e. The denial of a claim to which the right to review has been waived or the decision of the Board of Trustees or its designated committee with respect to a petition for review, is final and binding upon all parties, subject only to any civil action the applicant may bring under §502(a) of ERISA. Following issuance of a written decision of the Board of Trustees on an appeal, there is no further right of appeal to the Board of Trustees or right to arbitration.

However, a petitioner may reestablish his entitlement to benefits at a later date based on additional information and evidence not available to him at the time of the decision of the Board of Trustees. By participating in the Plan, to the fullest extent permitted by law, whether in court, Participants waive any right to commence, be a party to in any way, or be an actual or putative class member of any class, collective, or representative action arising out of or relating to any dispute, claim or controversy, and Participants agree that any dispute, claim or controversy may only be initiated or maintained and decided on an individual basis.

Statement of Rights under the Employee Retirement Income Security Act ERISA of 1974

As a Participant in the Laborers Vacation-Holiday Trust Fund for Northern California, you are entitled to certain rights and protections under the Employee Retirement Income Security Act (ERISA) of 1974. ERISA provides that all Plan Participants are entitled to the following rights:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as work sites and union halls, all Plan documents governing the Plan. These documents include insurance contracts and collective bargaining agreements and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor (DOL) and available at the Public Disclosure Room of the Employee Benefits Security Administration (EBSA) (formerly the Pension and Welfare Benefits Administration). You may also locate a copy of the Form 5500 series on the DOL/EBSA  website: www.dol.gov/ebsa/.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan. These include insurance contracts and collective bargaining agreements and copies of the latest annual report (Form 5500 Series) and updated SPD. The administrator may make a reasonable charge for the copies. You may also locate the Plan's SPD on the Trust Fund's website and the Form 5500 series can be located on the DOL/EBSA  website www.dol.gov/ebsa/.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan Participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.


Enforce Your Rights

If your claim for your individual account is denied, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits, which is denied or ignored, in whole or in part, you may file suit in a state or federal court, once you have exhausted the appeals process described in "Claims and Appeals Procedures" in this SPD. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights,



you may seek assistance from the U.S. Department of Labor (DOL), or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration (EBSA) (formerly the Pension and Welfare Benefits Administration), U.S. Department of Labor (DOL), listed in your telephone directory. Alternatively, you may obtain assistance by calling EBSA toll-free at  1-866-444-EBSA (3272) or writing to the following address:



Division of Technical Assistance and Inquiries
Employee Benefits Security Administration (EBSA)
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210

You may obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of EBSA. For single copies of publications, contact the EBSA brochure request line at  1-800-998-7542 or contact the EBSA field office nearest you. You may also find answers to your plan questions and a list of EBSA field offices at the  website of EBSA at www.dol.gov/ebsa.