

FLINT PLUMBING AND PIPEFITTING FRINGE BENEFIT FUNDS

Flint Plumbing & Pipefitting Industry Health Care Fund
Flint Plumbing & Pipefitting Industry Pension Fund
Flint Plumbing & Pipefitting Industry Defined Contribution Plan
Scholarship Fund of Flint Plumbing & Pipefitting Industry
Supplemental Unemployment & Disability Plan of Local Union 370

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

September 2018

TO: FLINT PLUMBING AND PIPEFITTING INDUSTRY PENSION PLAN PARTICIPANTS

Please read this Notice carefully as it contains important information regarding changes to the Claims Procedures contained in the Flint Plumbing and Pipefitting Industry Pension Fund's (Fund) Plan document (Plan) and the Summary Plan Description (SPD).

Attached is a full excerpt of the Claim Procedures. Below is a brief summary of some of the changes that became effective April 1, 2018.

1. Definition of Claim for Purposes of Disability Benefits:

A claim for disability benefits now includes not only initial claims for disability benefits, but also any rescissions of coverage of a disability benefit.

2. Manner and Content of Initial Claim Denial:

Before the Fund can issue an initial claim denial for any benefit based on new or additional evidence or rationale, the Claimant must be provided, free of charge, with such new or additional evidence. Such evidence or rationale must be provided as soon as possible and sufficiently in advance of the date on which the notice of the adverse benefit determination is required to be provided under the Plan, to give the Claimant a reasonable opportunity to respond.

With respect to an initial claim denial pertaining to disability benefits only, the claim denial must also include the following:

- An explanation for the basis of disagreeing with: (1) a health care professional; (2) the advice of a health professional obtained by the Fund; or (3) a disability determination from the Social Security Administration.
- A statement that the Claimant is entitled to receive free of charge and upon request, reasonable access to copies of all documents, records, and other information relevant to the claim for disability benefits.
- If the denial of the claim was based on medical necessity or an experimental treatment, the denial must include either an explanation of the scientific or clinical judgment for the determination applying the terms of the Plan to the claim or a statement that such explanation will be provided free of charge upon request.
- The claim denial must also be in a culturally and linguistically appropriate manner.

(SEE REVERSE SIDE)

3. **Manner and Content of Appeal Denial:**

With respect to disability benefits only, before the Fund can issue an appeal denial based on new or additional evidence or rationale, the Claimant must be provided, free of charge, with such new or additional evidence. Such evidence or rationale must be provided as soon as possible and sufficiently in advance of the date on which the notice of the adverse benefit determination is required to be provided under the Plan, to give the Claimant a reasonable opportunity to respond. The appeal denial must also include the following:

- An explanation for the basis of disagreeing with: (1) a health care professional; (2) the advice of a health professional obtained by the Fund; or (3) a disability determination from the Social Security Administration.
- A statement that the Claimant is entitled to receive free of charge and upon request, reasonable access to copies of all documents, records, and other information relevant to the claim for disability benefits.
- If the denial of the claim was based on medical necessity or an experimental treatment, the denial must include either an explanation of the scientific or clinical judgment for the determination applying the terms of the Plan to the claim or a statement that such explanation will be provided free of charge upon request.
- The claim denial must also be in a culturally and linguistically appropriate manner.

All appeal denials must contain a statement describing any contractual limitation period that applies to the Claimant's right to bring a suit under ERISA §502(a).

4. **Failure to Follow Claims Procedures**

If the Fund fails to follow the claims procedures with respect to any claim for benefits, the Claimant (you) is deemed to have exhausted all administrative remedies. This means that the Claimant is entitled to immediately pursue all remedies under ERISA §502(a), including filing suit in the appropriate court, without having to go through the administrative procedures set forth in the Plan.

Notwithstanding the above, the claims procedures will not be deemed exhausted based on de minimis (minor) violations that do not cause prejudice or harm to the Claimant so long as the Fund can demonstrate that the violation was for good cause or due to matters beyond the control of the Fund and that the violation occurred in the context of an ongoing, good faith exchange of information between the Fund and the Claimant.

If you have any questions please call the Fund Office at (888) 797-5862. Please keep this Notice with your Summary Plan Description (SPD).

Sincerely,

BOARD OF TRUSTEES
FLINT PLUMBING & PIPEFITTING INDUSTRY PENSION FUND