

Supplemental Unemployment Benefit (SUB)

Supplemental Unemployment Benefit (SUB) Plan Highlights

Here are some key features of the supplemental unemployment benefit plan provided through the Fund.

Eligibility	You may be eligible if you are working for an employer who is making contributions to the SUB Fund as the result of a collective bargaining or participation agreement. This is a member-only benefit.
When Your Coverage Begins	Coverage may begin after you have been credited with at least 500 hours in a 12-month period.
Cost	Your employer makes contributions to the SUB Fund on your behalf.
When Benefits Are Paid	Your supplemental unemployment benefit will be paid during periods of unemployment due to a layoff or disability. You must have been credited with at least 500 hours in the 12 months before the month of your initial benefit year. (Your initial benefit year starts on the Saturday of the week you first qualify and apply for benefits and ends 52 weeks later.)
How Long Benefits Are Paid	You may receive benefits for up to 39 weeks for either: <ul style="list-style-type: none"> ▪ Any one period of unemployment; or ▪ All periods of unemployment during one benefit year
Benefit Amount	The SUB Fund provides you with \$125 per week.
Claim Submission	You complete the application process by phone. The SUB Application Line (SAL) is available to you 24 hours a day, 7 days a week. Call toll free at 1-888-542-8511. Follow the prompts to complete your initial application and your continued certification. For non-disability SUB claims, your Local District Agent must certify that you are on the Local 542 out of work list, are available for work, and have not refused employment when it has been offered.
When Your Coverage Ends	You will continue to be eligible for coverage, provided your employer continues to make the required contributions and you continue to be credited with at least 500 hours in the applicable 12-month period.
Questions	Call the Fund office at 1-800-233-2043.

The Supplemental Unemployment Benefit Plan

The Supplemental Unemployment Benefit (SUB) plan provides you with valuable and necessary income protection when you are not working because of a layoff or disability.

Who Is Eligible

To be eligible for benefits, you must be working for an employer who is making contributions to the SUB Fund as the result of a collective bargaining or participation agreement.

When You Become Eligible for Coverage

You become eligible for coverage after you have been credited with at least 500 hours in a 12-month period.

Enrolling for Coverage

You do not need to enroll; coverage is automatic.

Cost of Coverage

Your employer makes monthly contributions to the Fund on your behalf. These contributions pay for your benefits. The contribution amount is established in the collective bargaining or participation agreement.

When Coverage Ends

Coverage under the SUB Fund ends for you on the first day of the month your employer contributions fall below the minimum requirement.

When Benefits Begin

Benefits will begin after you apply for benefits and your application has been approved by the Fund.

You Must Be Credited with at Least 500 Hours in the Prior 12 Months

In order to qualify for benefits, you must have been credited with at least 500 hours in the 12 months before the month of your initial benefit year. For example, if your first week of unemployment ends on Saturday, March 13, you must have 500 hours in the 12-month period ending February 28.

Your initial benefit year starts on the Saturday of the week you first qualify—and apply—for benefits and ends 52 weeks later.

Your Local District Agent Must Verify Your Unemployment and Availability Status

Before your benefits may begin, your Local District Agent must certify that you:

- Are on the Local 542 out of work list
- Are available for work
- Have not refused employment when it has been offered
- Are a bona fide resident of an area within 75 miles of the geographical jurisdiction of local 542

Amount of Benefits

SUB benefits provide you with \$125 per week.

How Long Benefits Continue

As long as you are unemployed, and you have at least 500 hours credited in the 12 months prior to the month of the first week of your benefit year, you may receive SUB benefits for up to 39 weeks for either:

- Any one period of unemployment OR
- All periods of unemployment during one 52 week benefit year

If Fund assets total less than \$250,000 on the last day of any month, benefit payments will stop on the first day of the following month. Benefits will not resume until the first day of the following November, or until the Board of Trustees determines that there are sufficient assets.

You May Continue to Work

If you are receiving SUB benefits, you may continue to work up to 16 hours per week or two days per week, whichever is greater. **If you work more than 10 hours in any day, your SUB benefits will stop.**

If You Are Disabled

In order to collect benefits due to disability, you must be receiving either:

- Weekly disability benefits from the IUOE Local 542 Welfare Fund; or
- Workers' compensation as the result of an illness or injury incurred while you were engaged in covered employment. Covered employment means the employment of an employee for whom contributions are due by an employer who is required to make contributions to the Fund.

You must notify your local District Agent of your disability or benefits will not be paid.

To Apply for Benefits

If you are unemployed and available for work as an Operating Engineer, or if you are currently disabled, you may apply for benefits.

To apply for benefits, simply call the SUB Application Line (**SAL**) at 1-888-542-8511. You use this toll-free line to start your application. You also use the toll-free line to apply for your continued weekly benefits. You can call the toll-free number 24 hours a day, 7 days a week. Just follow the system prompts.

After your Local District Agent has verified your unemployment and availability status, your claim will be processed and a check will be mailed to you.

You must apply for benefits within 90 days of the Saturday of the week you are first unemployed and eligible for benefits. Subsequent claims must be made within 90 days of the week-ending for which benefits are payable.

To Continue Your Benefits

You use the SUB Application Line (**SAL**) to apply for continued benefits. Call 1-888-542-8511.

You may apply for multiple weeks at one time; however, you cannot apply for any week beyond the current week ending date. For example, you could call and apply on Friday, January 9th with weeks ending January 10th, January 3rd, December 27th. You could not include week ending Saturday, January 17th or beyond.

You can call the toll-free number 24 hours a day, 7 days a week. Just follow the system prompts.

If Your Application Is Denied

If you believe your claim has been improperly denied, you must appeal the denial of benefits within 180 days to the Board of Trustees.

You may submit written comments, documents, or other information in support of your appeal and have access, upon request, to all relevant documents free of charge. The review of the claim denial will take into account all new information, whether or not presented or available at the initial claim review, and will not be influenced by the initial claim decision.

If any new or additional evidence is considered, relied upon, or generated by the plan (or at the direction of the plan) in connection with your claim, you will be provided free of charge with such evidence as soon as possible and sufficiently in advance of the date of which the notice of final internal adverse benefit determination is required to be provided to you (45 days). If new or additional rationale is relied upon in denying your claim on review, you will be provided with the new or additional rationale as soon as possible and with enough time before a final determination is required to be provided to you so that you will have a reasonable opportunity to respond. You may also review the claim file and present evidence and testimony.

If Your Appeal Is Denied

If your appeal is denied, the denial notice will contain the following information:

- The specific reasons for the appeal determination
- A reference to the specific plan provisions on which the determination was based
- A statement that you are entitled to receive upon request, and without charge, reasonable access to or copies of all documents, records, or other information relevant to the determination
- A statement describing any voluntary appeal procedures offered by the plan and your right to obtain information about these procedures
- A statement describing your right to bring a civil lawsuit under federal law
- A statement disclosing any internal rule, guidelines, protocol or similar criterion relied on in making the adverse determination (or a statement that such information will be provided free of charge upon request)
- If the denial is based on medical necessity or experimental treatment, an explanation of the scientific or clinical judgment for the determination, applying plan terms to your medical condition (or state that such information will be provided free of charge upon request)
- A statement that “You or your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor office and your state insurance regulatory agency.”

The appeal determination notice may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

Right to Recovery

If you receive benefits from the SUB Fund for which you were not entitled for any reason, the Board of Trustees has the right to recovery by withholding payment of benefits that you may be entitled to in the future until such withheld payment equals the amount incorrectly received. Or, the Board of Trustees may exercise any and every equitable right of action available for recovery of money you incorrectly received.

Other Important Information

Situations that May Result in Loss of Benefits

It is important to be aware that a loss of benefits may result from any of the following events:

- You lose your status as an eligible member
- If you willfully misuse any SUB benefits or misrepresent your eligibility, you could lose coverage for SUB Fund benefits and you will have to repay the Fund for the full amount of any benefits improperly received. The Plan Administrator will determine whether you have misused any benefits.

Right to Benefits

No person other than the Trustees of the SUB Fund shall have any right or title of interest in any of the income or property of any funds received or held for the account of the SUB Fund.

No person shall have any right to benefits provided by the SUB Fund plan except as expressly provided in this SPD.

Future of the Plan

While the IUOE Local 542 SUB Fund intends to continue the SUB plan benefits indefinitely, it is difficult to predict the future; therefore, an unqualified commitment to continue the program at any particular level of benefits is impossible. Thus, the plan sponsor reserves the right to modify, amend, suspend, or terminate coverage, at any time for any reason.

Any amendment, however, may not deprive you of any benefit payments to which you are entitled at the time of amendment or termination. Should the program be modified, any claims incurred prior to the amendment date will be paid in accordance with the plan provisions in effect prior to the modification. Any claims incurred on or after the amendment date will be paid in accordance with the new plan provisions.

Should the program terminate, all eligible claims incurred prior to the date of termination will be paid to the extent of available assets if submitted within a reasonable period of time, as determined by the plan administrator and/or the Board of Trustees.

Any claims incurred after the date of termination will not be considered for payment.

Plan Operation and Rights

Plan Name

International Union of Operating Engineers of Eastern Pennsylvania and Delaware Supplemental Unemployment Benefit Plan.

Plan Type

The plan described in this summary plan description (SPD) is a supplemental unemployment benefit (SUB) plan.

Plan Sponsor

The plan sponsor is the Board of Trustees of the International Union of Operating Engineers of Eastern Pennsylvania and Delaware Supplemental Unemployment Benefit Fund.

Board of Trustees

The Trustees shall have the sole and absolute discretion to determine eligibility for SUB benefits and to construe and interpret the plan and the Agreement of Trust, including but not limited to doubtful or disputed terms, and to make factual determinations with respect thereto. Any construction, interpretation, or application of the plan by the Trustees shall be final, conclusive, and binding on all participants and on any person claiming benefits by, through, or on behalf of any participant.

In addition, the Trustees may delegate any or all of this authority to a plan administrator. To the extent that authority was delegated, the plan administrator has all of the power and authority of the plan sponsor.

Union Trustees

Robert T. Heenan
Thomas Danese
Chris Lodge
Charles Priscopo

Mailing Address

Suite 100
1375 Virginia Drive
Fort Washington, PA 19034-3257

Employer Trustees

James Davis
Michael J. Driscoll, Jr.
Francis Pietrini

Mailing Address

c/o Contractors Association of Eastern Pennsylvania
Suite 1105
1500 Walnut Street
Philadelphia, PA 19102-3506

Plan Administrator

The plan administrator is responsible for the proper administration of the plan.

The plan administrator is John Heenan.

Mailing Address

International Union of Operating Engineers of Eastern Pennsylvania and Delaware Supplemental
Unemployment Benefit Fund
Suite 102
1375 Virginia Drive
Fort Washington, PA 19034-3257
Telephone: (215) 542-8211

Plan Year

Plan records are maintained on a calendar-year basis, with the last day of the plan year falling on December 31.

Employer Identification Number

The legal plan documents, any contracts, the summary plan descriptions, and the financial reports are filed with the U.S. Department of Labor (DOL) and the Internal Revenue Service (IRS) under the Employer Identification Number (EIN): 23-2075110.

Employer Contributions

Employers pay the full cost of the plan benefits. All employer contributions to the SUB Fund are made in accordance with the employers' collective bargaining or participation agreements with the Union. The collective bargaining or participation agreements require contributions to the Fund at fixed rates.