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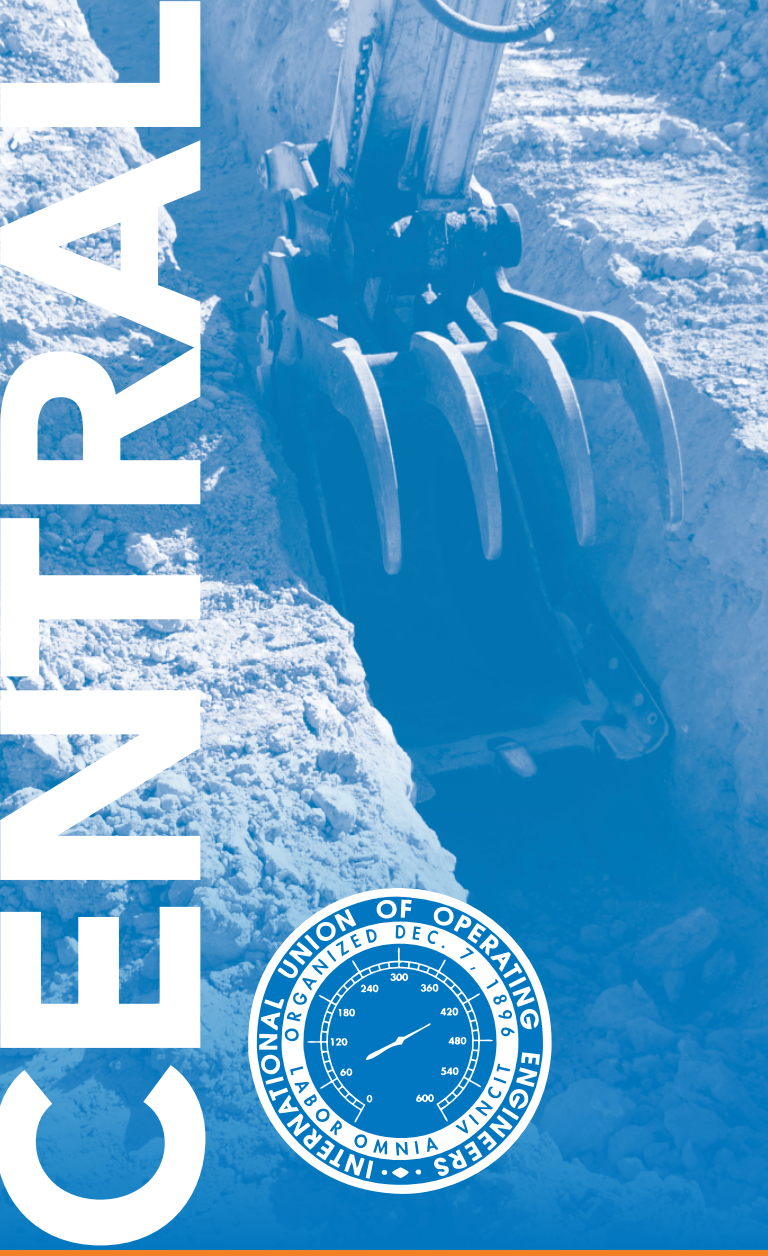

Mid Central Operating Engineers Health and Welfare Fund

HEALTH REIMBURSEMENT ACCOUNT (HRA)

The Trustees of the Mid Central Operating Engineers Health and Welfare Fund are pleased to provide our Participants with health care coverage. Realizing that no two Participants are alike, the Fund is introducing a Health Reimbursement Account (HRA), which gives you the flexibility to use the Plan in the way that best meets your—and your family's—needs. The Plan's HRA is designed to provide reimbursement of certain medical care expenses on a tax-free basis.

HRA HIGHLIGHTS

How the Fund's HRA works:

- You work for a contributing Employer that contributes to the Fund on your behalf.
- For each hour of contributions made on your behalf on and after April 1, 2012, a portion of the hourly contribution rate will be credited to your HRA.
- You determine how you want to use the money in your HRA. You can use it as you incur eligible medical care expenses or save up and use it in the future.

An HRA may only be used to pay for eligible medical care expenses as defined by the Plan (see page 5). However, a wide range of eligible expenses are covered, such as:

- Payments for coverage, including self-payment contributions to continue coverage when you are not working enough hours, COBRA continuation coverage self-payments, retiree coverage self-payments, even premiums your spouse pays for other coverage.
- Out-of-pocket Plan costs, such as deductibles, copayments, and coinsurance.
- Medical care expenses not covered, or only partially covered, under the Plan, such as LASIK surgery, contact lenses, prescription smoking cessation products, prescription drugs, and expenses that exceed benefit maximums.

The more you work, the more contributions are made to your HRA—and the more your HRA grows, tax-free.

Plus, money in your HRA and amounts reimbursed for eligible expenses are not included in your income, which means you aren't taxed on this money.

We encourage you to read this brochure carefully to help you understand how your HRA works and how it can benefit you.

WHAT'S INSIDE

A Health Reimbursement Account (HRA) is designed to provide reimbursement of certain medical care expenses on a tax-free basis. You can use it to pay for unreimbursed medical care expenses while you are an active Employee or after retirement (if eligible for retiree coverage) to help offset your out-of-pocket health care costs as a retiree.

ELIGIBILITY

You are eligible for the HRA if you are eligible for coverage under the Health and Welfare Fund; all eligibility provisions are the same as listed in your Summary Plan Description (SPD).

You are eligible for reimbursement of covered expenses incurred by you and your eligible Dependents.

While contributions are only made on your behalf while you are working for a contributing Employer in a bargaining unit position, you don't have to be an active Participant to use your HRA. Your HRA balance is available when you are self-paying to continue Plan coverage when you're not working enough hours and after retirement (if you are eligible for retiree coverage), which means that as long as you, your spouse, or Dependents are self-paying to continue coverage under the Plan, you may continue to use your HRA.

In addition, your HRA balance is available to your surviving spouse and/or eligible Dependents for reimbursement in the event of your death.

Continued Eligibility

Your eligibility for the HRA is based on your continued eligibility for Plan coverage. Once you are eligible, your eligibility will continue as described in the *Eligibility Provisions* section of your SPD, provided the required contributions are made on your behalf.

Your HRA balance will be available to you as long as you are eligible for coverage, whether your eligibility is based on contributions made on your behalf, self-payments you make to continue coverage (including retiree coverage, if eligible), or self-payments you make for COBRA Continuation Coverage (including coverage during an FMLA or military leave). Note that only Employer contributions are credited to your HRA; any self-payments you make to continue coverage are not added to your HRA balance.

When Eligibility Ends

The Trustees reserve the right to discontinue contributions to your HRA at any time.

The Trustees reserve the right to discontinue contributions to your HRA at any time.

As long as you are covered under the Plan (including when you are a retiree), you are eligible for reimbursement from your HRA, including when you are eligible to continue coverage by making self-payments. However, you are no longer eligible for reimbursement from your HRA when you are no longer eligible for Plan coverage.

If your eligibility or your Dependent's eligibility ends because of a COBRA qualifying event, you, your spouse, and any Dependents will be given the opportunity to elect COBRA Continuation Coverage. Generally, COBRA Continuation Coverage is the same health care coverage you had under the Plan (not including Injury and Illness Weekly Benefit, Death Benefit, Dependent Death Benefit, and Accidental Death and Dismemberment Benefits). With the addition of the HRA, the Plan offers the opportunity to continue *health care coverage including your HRA*. You will receive more information in the event you experience a qualifying event. Once your eligibility ends or you retire, no further contributions will be made to your HRA.

Your HRA Balance After Eligibility Ends

Once you are no longer eligible for coverage, you may continue to submit eligible expenses for reimbursement from your HRA for expenses you incurred **before** your coverage ended. However, any expenses incurred after your coverage ended are not eligible for reimbursement.

You should file a written claim for reimbursement with the Fund Office as soon as possible. If your claim is not filed within 12 months of the date of the expense, your claim will be denied.

Once you are no longer eligible for coverage, the Plan will maintain your HRA (without any additional contributions or reimbursements) for up to 12 months (three consecutive eligibility periods). Any unused credit in your HRA will be forfeited after this 12-month period during which you are not eligible for coverage. This means that if you have not been covered under the Plan for 12 months or more, your HRA balance will be

forfeited and cannot be reinstated. The 12-month period begins with the last day you are eligible for Plan coverage. Please note that you are considered eligible for Plan coverage when you are self-paying to continue coverage, including retirement, or for COBRA Continuation Coverage. Any forfeited amounts revert to the Plan's general assets. In no event will forfeited amounts be paid in cash to any person.

LIFE EVENTS

If You Do Not Work Enough Hours

If you do not work enough hours to continue eligibility for Plan coverage, you may use your HRA to make self-payments to continue your coverage (if eligible). You must contact the Fund Office, and complete any necessary paperwork, to use your HRA balance towards any required self-payment amounts, including COBRA Continuation Coverage. You do not receive Employer contributions to your HRA for hours for which you are making self-payments.

When you, your spouse, and/or your Dependents are eligible for COBRA Continuation Coverage, your HRA balance may be used for self-payments to continue this coverage.

When You Retire

If you are eligible for retiree coverage, self-payments are required for retiree coverage. When you retire, you may use the balance in your HRA toward these self-payments for retiree coverage. In addition, as long as you are eligible for retiree coverage, you may also use your HRA to pay for eligible expenses incurred during retirement. However, please note that no contributions will be made to your HRA once you are retired, unless you return to work for which contributions are required on your behalf.

If you elect to postpone or suspend your retiree coverage under the Retiree In-and-Out Program, your HRA benefits will be frozen until you elect to opt back into Plan coverage. If only your Dependents opt out, then the HRA may not be used to reimburse any health care expenses for your Dependents until such date as your Dependents opt back in to the Health and Welfare Fund.

In the Event of Death

Your HRA will continue to be available to provide reimbursement for your surviving Dependents' eligible expenses in the event of your death. In other words, your HRA balance is available to your surviving spouse and/or eligible Dependents after your death. Your spouse and/or Dependents may use your HRA to pay for eligible expenses (including expenses you incurred before your death) or to make self-payments to continue coverage until the earliest of when your HRA balance is zero or the Plan ends. However, in no event will amounts be paid in cash to any person for other than reimbursement of an eligible expense (for example, there are no lump sum distributions of the HRA balance as a death benefit).

If you have no surviving spouse and/or other eligible Dependents at the time of your death, any balance in your HRA will be forfeited and become a part of the Plan's general assets.

While your surviving spouse and/or Dependents may continue to use your HRA as long as they are eligible for Plan coverage (including COBRA Continuation Coverage), no further Employer contributions will be made to the HRA.

YOUR HEALTH REIMBURSEMENT ACCOUNT

How an HRA Works

If you are eligible for Plan coverage and Employer contributions are being made on your behalf, an HRA is established and a portion of the Employer contributions are credited to this Account.

You determine how you want to use the money in your HRA. You can use it as you incur eligible medical care expenses or save up and use it in the future.

The more you work for a contributing Employer, the more contributions are made to your HRA, which means your HRA continues to grow. Plus, money in your HRA and amounts reimbursed for eligible expenses are not included in your income and therefore, you are not taxed on this money.

As you, your spouse and/or your covered Dependents incur eligible medical care expenses, you can use the money in your HRA to pay for these expenses. Examples of eligible expenses, as defined by the Plan include:

- Coverage costs, including self-payment contributions or premiums:
  - To continue Plan coverage when you are not working enough hours;
  - For COBRA Continuation Coverage;
  - For retiree coverage, if eligible; and
  - Amounts you and/or your spouse pay for other health coverage (such as employer insurance, individual policy insurance, or Medicare, provided it is not paid or eligible for payment on a pre-tax basis); and
- Medical care expenses, including:
  - Out-of-pocket Plan costs, such as deductibles, copayments, and coinsurance; and
  - Expenses not covered, or only partially covered, under the Plan, such as LASIK surgery and expenses that exceed benefit maximums.

Medical care expenses may include medical, prescription drug, dental, and vision expenses.

In general, expenses eligible for reimbursement only include those that:

- Are incurred while you are eligible for coverage under the Plan's HRA;
- You, your spouse, and/or your eligible Dependents are required to pay;
- Are not reimbursed by insurance or any other source; and
- You, your spouse, and/or your Dependents have not taken (or will not take) as a tax deduction.

An eligible medical expense is defined as an expense paid for care as described in Section 213(d) of the Internal Revenue Code. Please note that federal and state tax regulations are subject to change. **The above eligible expenses are only examples; it is not a complete list and does not include the provisions relating to each individual expense.**

Expenses Not Eligible for Reimbursement

Expenses not eligible for reimbursement from the HRA include any item that does not constitute "medical care" as defined in Internal Revenue Code Section 213, such as:

- Funeral and burial expenses.
- Health club or fitness program dues, even if the program is necessary to alleviate a specific condition such as obesity.
- Personal use items such as cosmetics, toiletries, toothpaste, etc.
- Vitamins and food supplements even if prescribed by a physician.
- Uniforms and special clothing, such as maternity clothing.
- Over-the-counter medications and other medical supplies without a prescription (except insulin).

For more information, refer to IRS Publication 502 titled, "Medical and Dental Expenses."

Establishing the Account

When you are initially eligible for Plan coverage and Employer contributions are received on your behalf, an HRA is established in your name and a portion of the Employer contributions made on your behalf is credited to that Account. Thereafter, you may submit claims for eligible expenses incurred after the HRA was established by you, your spouse, and your Dependents.

When you are an active Employee eligible for Plan coverage, Employer contributions made on your behalf will be credited to your HRA. Unused balances carry forward, even into retirement. Once you are no longer eligible for Plan coverage (for reasons other than retirement), your HRA may be carried forward for up to 12 months (three consecutive eligibility periods) after your Plan coverage ends without forfeiture. If you do not become eligible for Plan coverage before the end of the 12-month period, your HRA balance will be forfeited.

While contributions are only made to your HRA when you are an active Employee, you can use your HRA for reimbursement of expenses in retirement if you are eligible for retiree coverage. After retirement, your HRA balance will be carried forward until no balance remains or until you are no longer eligible for coverage under the Plan.

The Plan establishes and maintains an HRA for each eligible Participant, for keeping track of contributions and available reimbursement amounts.

Contributions

Your HRA is funded exclusively through contributions made by your Employer on your behalf in accordance with the collective bargaining agreement applicable to you. All contributions credited to your HRA are assets of the Fund; you are not vested in contributions made on your behalf and you may use your HRA only for the purposes stated.

When you work for a contributing Employer, your Employer contributes to the Fund on your behalf. **The HRA will be funded at an hourly rate determined by each Local.** Only amounts contributed above the Health and Welfare Fund rate set by the Board of Trustees will be credited to your HRA.

If you work under a reciprocity agreement, reciprocal contributions will first be applied toward the monthly cost to maintain Plan coverage. If reciprocal contributions exceed the monthly cost of Plan coverage, a portion of the reciprocal contributions, up to the HRA contribution amount set by your home Local, will be contributed to your HRA.

Your HRA Balance

Your HRA balance is the total of Employer contributions made on your behalf for the HRA minus any reimbursements you request from your HRA.

The amount available for reimbursement of eligible expenses is the amount credited to your HRA. Contributions made on your behalf will not be credited to your HRA until they are received by the Fund. Therefore, there may be a lag between the time contributions are required on your behalf and when they are available for you to use.

If money remains in your HRA at the end of a year, it rolls over into the next year; allowing you to save for future medical care expenses.

When you are eligible for benefits, you receive a status report once each year. This report will include your HRA balance. In addition, you may contact the Fund Office for the most up-to-date information on your HRA balance.

Tax Status

Contributions credited to your HRA are not taxable income when made and generally are not taxable when paid out as benefits. Certain actions may cause your HRA to be taxable, such as if:

- You receive reimbursement from your HRA for contributions for health coverage that are paid or could have been paid pre-tax from an IRC Section 125 plan;
- Reimbursements are made for individuals that are not "dependents," as defined under IRC Section 152; and
- Cash payments are made to an individual from an HRA as a "death benefit" in the event of the death of a Participant (however, this does not apply to reimbursements of eligible expenses).

If you submit an expense for reimbursement under the Plan's HRA, you cannot deduct that expense on your tax return.

Reimbursement is paid directly to you; you are responsible for paying any providers. While requests for reimbursement can be made at any time, to limit administrative expenses, the Plan requires that requests for reimbursement be for a minimum of $200. So, you ordinarily have to hold your requests for reimbursement until you have a total of at least $200 in eligible expenses.

CLAIMS AND REIMBURSEMENT PROCEDURES

You must submit a claim for reimbursement of any eligible expense within 12 months of the date you incurred the expense. If you, your spouse, and/or your Dependents are eligible for other coverage, you must include a copy of the Explanation of Benefits (EOB) from the other coverage as well as any EOB from this Plan. Only eligible expenses that have not been reimbursed, as shown on the EOB, will be considered eligible for reimbursement.

You may submit eligible expenses for reimbursement at any time. While requests for reimbursement can be made at any time, to limit administrative expenses, **the Plan requires that any requests for reimbursement be for a minimum of $200**. Therefore, you generally have to hold your requests for reimbursement until you have at least $200 in eligible expenses.

However, you may submit a request for reimbursement for claims totaling less than $200 once per year each February if your total claims for the prior year are not going to reach the $200 minimum. In addition, the amount reimbursed for any eligible expense will not exceed your HRA balance at the time reimbursement is requested. In the event your Plan coverage ends, you may submit eligible expenses totaling less than $200 to close out your HRA.

Reimbursement is paid directly to you; you are responsible for paying any providers. While requests for reimbursement can be made at any time, to limit administrative expenses, the Plan requires that requests for reimbursement be for a minimum of $200. So, you ordinarily have to hold your requests for reimbursement until you have a total of at least $200 in eligible expenses.

To receive reimbursement for eligible expenses, you must submit a written claim form in accordance with the Plan's claim procedures as described in your SPD and further clarified here.

Reimbursement requests must be accompanied by a properly completed form, which can be obtained from the Fund Office. The form will include a statement that you must sign verifying that the eligible expenses:

If you need an HRA reimbursement form, please contact the Fund Office. It's a good idea to make a copy for your records of all materials you submit. Materials you submit will not be returned to you.

- Have not been otherwise reimbursed, nor will they otherwise be reimbursed, through any other source;
- For premiums paid for other coverage, have not been paid or are not eligible for payment on a pre-tax basis; and
- Have not been taken, nor intend to be taken, as a tax deduction.

Along with the form, you must provide any of the following, as applicable:

- An itemized bill from the service provider that includes the name of the person incurring the charges, date of service, description of services, name of provider, and amount of charge.

- An Explanation of Benefits (EOB) from any coverage (including any EOB from this Plan) when requesting reimbursement of the balance of charges for which coverage is available plus original receipts verifying payment.
- Proof of the amount and date paid when requesting reimbursement for other insurance premiums, such as a spouse's group health coverage premiums and verification that the premium was not paid or eligible for payment under an IRC Section 125 plan.
- A receipt and proof of purchase or rental for covered items (such as for crutches or wheelchairs).
- Any additional documentation requested by the Plan.

All expenses must be incurred prior to being considered for reimbursement except for certain advance payments for orthodontia services.

An eligible expense is incurred at the time the medical care or service giving rise to the expense is furnished, and not when the individual incurring the expense is formally billed for, is charged for, or pays for the medical care. Expenses incurred before an Employee, retired Employee or eligible Dependent first becomes covered by the HRA are not eligible for reimbursement from the HRA.

Where to File a Claim

Mail the completed form and any required documentation to:

Mid Central Operating Engineers
Health and Welfare Fund
1100 Poplar Street
P.O. Box 9605
Terre Haute, IN 47808
Claim Decisions

A request for reimbursement of an eligible expense is considered a claim. Claim decisions are subject to the Plan's claims procedures for health care claims listed in your SPD. If your request for reimbursement is denied, you may appeal the decision. Review the Claim Filing and Appeal Information section of the SPD for more information on how to appeal a denied claim.

You must file a written claim for reimbursement with the Plan within one year of the date of the expense or your claim may not be accepted and may be denied.

Claim Decisions

A request for reimbursement of an eligible expense is considered a claim. Claim decisions are subject to the Plan's claims procedures for health care claims listed in your SPD. If your request for reimbursement is denied, you may appeal the decision. Review the *Claim Filing and Appeal Information* section of the SPD for more information on how to appeal a denied claim.

YOUR RIGHTS UNDER ERISA

As a Participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan Participants are entitled to the following rights.

Receive Information About Your Plan and Benefits

You have the right to:

- Examine, without charge, at the Plan Administrator's and at other specified locations, all documents governing the Plan, including insurance contracts, 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 and available at the Public Disclosure Room of the Employee Benefits Security Administration (EBSA);
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts, collective bargaining agreements, and copies of the latest annual report (Form 5500 series) and updated Summary Plan Description/ Plan Document (the Plan Administrator may make a reasonable charge for the copies); and
- Receive a summary of the Plan's annual financial report, which the Plan Administrator is required by law to provide to each Participant.

Continue Group Health Plan Coverage

You also have the right to:

- Continue health care coverage for yourself, spouse, or Dependents if there is a loss of coverage under the Plan as a result of a qualifying event (You or your Dependents may have to pay for such coverage; review this Summary Plan Description/ Plan Document and any documents governing the Plan on the rules governing your COBRA Continuation Coverage rights.); and

- Reduce or eliminate exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have Creditable Coverage from another plan. You should be provided a Certificate of Creditable Coverage, free of charge, from your group health plan or health insurance issuer when:
  - You lose coverage under the Plan;
  - You become entitled to elect COBRA Continuation Coverage; or
  - Your COBRA Continuation Coverage ends.

You may also request the Certificate of Creditable Coverage before losing coverage or within 24 months after losing coverage. Without evidence of Creditable Coverage, you may be subject to a pre-existing condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

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 a welfare benefit is denied or ignored, 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 the Summary Plan Description/Plan Document 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 Plan Administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. However, you may not begin any legal action, including proceedings before administrative agencies, until you have followed and exhausted the Plan's claims and appeals procedures. 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 you believe that Plan fiduciaries have misused the Plan's money, or if you believe that you have been discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, 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 EBSA at:

National Office:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210
866-444-3272

Nearest Regional Office (Northern Indiana):

Employee Benefits Security Administration
Chicago Regional Office
200 West Adams Street, Suite 1600
Chicago, IL 60606
312-353-0900

Nearest Regional Office (Southern Indiana):

Employee Benefits Security Administration
Cincinnati Regional Office
1885 Dixie Highway, Suite 210
Ft. Wright, KY 41011
859-578-4680

For more information on your rights and responsibilities under ERISA or for a list of EBSA offices, contact the EBSA by visiting the Web site of the EBSA at **www.dol.gov/ebsa**.

COORDINATION OF BENEFITS

Reimbursements available under the HRA are intended to be solely for eligible expenses not previously reimbursed or reimbursable elsewhere. To the extent an eligible expense is payable or reimbursable from another source, that other source must pay or reimburse before reimbursement from the HRA If there is any question as to what source should pay benefits first, please refer to the Coordination of Benefits section of your SPD for specific information on the Plan's coordination of benefits provisions.

If you, your spouse, and/or your Dependents have other coverage, you must first submit any claim for reimbursement of eligible medical care expenses to the other plan before submitting it for reimbursement from your HRA. Any portion of your eligible expenses that is not reimbursed after submission to the other plan can be submitted for reimbursement from the HRA.

TAX CONSEQUENCES

The Plan makes no guarantee that any amounts reimbursed to you, your spouse, or your Dependents under the HRA will be excludable from your gross income for federal, state, or local income tax purposes. It is your responsibility to determine whether payments under the HRA are excludable, and to notify the Plan if you have any reason to believe that such payment is not excludable.

The Plan may be disqualified if reimbursement under the HRA is made on a tax-free basis when the payment does not qualify for tax-free treatment under the Internal Revenue Code. In this situation, you will be required to indemnify and reimburse the Plan for any liability incurred for failure to withhold federal income taxes, Social Security taxes, or other taxes.

A FINAL NOTE

The HRA was created to help you to use the Health and Welfare Fund in the way that best meets your needs. This brochure is a summary of the Fund's HRA as of April 1, 2012, and is intended to serve as an addition to your Summary Plan Description (SPD); however, it is not meant to interpret or change provisions of the SPD. Your SPD describes the Plan's eligibility requirements, benefits, and related terms and conditions of the Plan in more detail. Please keep this brochure with your SPD. If you have any questions, please contact the Fund Office.

As of April 1, 2012, the HRA is a part of the Health and Welfare Fund and as such is subject to the Plan's provisions relating to all applicable provisions as listed in the Plan's SPD. Benefits will be provided in compliance with ERISA, COBRA, HIPAA, FMLA, USERRA, and other group health plan laws to the extent required by such laws.

The HRA is intended to qualify as a medical reimbursement plan under §105 and §106 of the Internal Revenue Code of 1986, as amended, and related regulations, and as a health reimbursement arrangement, as defined under IRS Notice 2002-45. Eligible HRA Expenses reimbursed under the HRA are intended to be eligible for exclusion from your gross income under §105(b) of the Internal Revenue Code of 1986, as amended.

The Plan will establish and maintain a Health Reimbursement Account with respect to each eligible Participant but will not create a separate fund or otherwise segregate assets for this purpose. These Health Reimbursement Accounts are recordkeeping accounts with the purpose of keeping track of contributions and available reimbursement amounts.

In the event of any inconsistencies between this brochure and actual HRA Plan Document provisions, the terms of the Plan Document will govern. The Board of Trustees reserves the right to amend, modify, or terminate the HRA Plan at any time.

Mid Central Operating Engineers Health and Welfare Fund
1100 Poplar Street
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