IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY
SUPPLEMENTAL BENEFIT PLAN
(RETIRED PARTICIPANTS)

SUMMARY OF MATERIAL MODIFICATIONS AND NOTICE TO PARTICIPANTS

(Plan No: 502; I.D. 16-1550492)

Dated: October 07, 2026

Dear Participant:

The following is a summary of important changes made to your Summary Plan Description ("SPD"), effective as indicated below:

I. In SECTION 4, BENEFITS, the subsection **Payment of Benefits** is revised to add new language shown in bold italics below:

> "Claims may be submitted at any time during the month pursuant to the procedures set forth below. Payment will be made by the Fund Office as soon as administratively feasible. At minimum, claims are paid on a bimonthly basis. You must submit sufficient proof to the Retiree Plan of the health-related expenses for which you seek reimbursement, including, but not limited to, itemized bills and an Explanation of Benefits ("EOB") from your primary health care plan (if applicable). ***In some cases, a letter of medical necessity will be required.*** Claims must be submitted within two years from the date you receive the services for which you are seeking reimbursement."

II. In SECTION 4, BENEFITS, the subsection **Substantiation of Claims – Debit Card** is deleted in its entirety.

Please place this information with your Summary Plan Description for permanent reference. Contact the Fund Office at (585) 424-3510 if you have any questions.

Sincerely,

BOARD OF TRUSTEES OF THE IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY SUPPLEMENTAL BENEFIT PLAN