

# Pressmen's-Publishers' Benefit Funds

## IMPORTANT BENEFITS NOTICE

### SUMMARY OF MATERIAL MODIFICATIONS

**To: All Participants in the Pressmen's-Publishers' Welfare Fund**

**From: Board of Trustees**

**Date: October 9, 2018**

**Re: Change in Coordination of Benefits Rules Effective January 1, 2019**

We are writing to advise you of an important change being made to the coordination of benefits rules of the Pressmen's-Publishers' Welfare Fund (the "Fund"). **Please read this notice carefully since it could affect your and/or your dependents' eligibility for benefits under the Fund.**

This document is a Summary of Material Modifications ("SMM") to the Fund's Summary Plan Description ("SPD"). We are sending it to you in accordance with federal law – the Employee Retirement Income Security Act of 1974, as amended (ERISA). Please take the time to read this SMM carefully, and please keep it with your copy of the SPD.

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The Board of Trustees has approved a change to the coordination of benefits rules of the Fund's plan of benefits (the "Plan") to be effective January 1, 2019. Under the new requirement, your dependents covered under this Plan will be required to enroll in any medical coverage that is available to them under a health plan through such dependent's employer or under a government sponsored program. Regardless of whether or not your dependent enrolls in any medical plan that is available to him or her, this Plan will coordinate benefits as if your dependent is in fact enrolled in such coverage. As a result, this Plan will not pay for benefits that are paid or would have been paid by such other available medical plan.

As a reminder, as is stated in the SPD on pages 115-116, you have a responsibility to provide complete and accurate information to the Fund. This obligation is ongoing and includes, but is not limited to, providing timely and accurate information of your and/or your dependents' eligibility to participate in another medical plan. **If you or your dependent fail to provide such information, or provide false information, coverage under the Plan may be denied, suspended or discontinued at any time by the Trustees.**

The Trustees may take measures to confirm that all required information has been submitted to the Fund and that all information provided to the Fund is complete and accurate. This may include engaging a third party auditing firm to ensure that the information provided is accurate and complete. (over)

## COORDINATION OF BENEFITS CHANGE

The Trustees have adopted the following material modification to the Plan, effective January 1, 2019:

- I. The Section of the SPD entitled “Coordination of Benefits (COB): Coverage Under More than One Group Health Plan” has been revised by replacing Section A(2) on page 88 with the existing A(3) and creating a new section A(3), which shall now read as follows:
  3. Many families that have more than one family member working outside the home are covered by more than one medical plan. If this is the case with your family, you are required to notify this Plan about all of your or your Eligible Dependents’ coverages when you or your Eligible Dependents submit a claim. You will also be required to certify that neither you nor your Eligible Dependents are eligible to participate in another medical plan and will have an ongoing obligation to notify this Plan should that change. Your Eligible Dependents covered under this Plan are required to enroll in any medical coverage that is available to them under a health plan through such Eligible Dependent’s employer or under a government sponsored program. Regardless of whether or not your Eligible Dependent(s) enrolls in any medical plan that is available to him or her, this Plan will coordinate benefits as if your Eligible Dependent is in fact enrolled in such coverage. This will generally result in this Plan being treated as the secondary plan and the other plan as the primary plan. As the secondary plan, this Plan will not pay for benefits that are paid or would have been paid by such other available medical plan. In order for this Plan to pay benefits for your Eligible Dependent(s) as a secondary plan, you must provide to the Plan Administrator a copy of the explanation of benefits (EOB) that you received from the primary plan.

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Please call the Fund Office at (212) 869-5994 with any questions about these benefit changes.

This SMM is intended to describe certain changes being made to the plan of benefits (“Plan”) of the Pressmen’s-Publishers’ Welfare Fund. While every effort has been made to make this description as complete and as accurate as possible, this SMM does not contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this SMM and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases.

The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the “Trust Agreement”). The Trust Agreement is available upon request at the above address and may be inspected by you free of charge during normal business hours.

No individual other than the Board of Trustees has any authority to interpret the plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and to decide all matters arising under the Plan.