



NORTHERN CALIFORNIA PIPE TRADES SUPPLEMENTAL 401(k) RETIREMENT PLAN CLAIMS AND APPEALS PROCEDURES

Your Right to Appeal You may request that the Board of Trustees review a denied claim/request for benefits or Adverse Benefit Determination (e.g. denial, reduction, termination of, or failure to provide or make payment of Retirement Benefits either in whole or in part, or a retroactive cancellation/termination of entitlement to disability benefits). This is also known as an appeal. You have the right to petition the Board of Trustees to review your claim if:

- Your claim or any part of your claim was denied.
- You believe you did not receive the full amount of benefits to which you are entitled.
- You feel that the reasons for the denial were in error or disagree with the decision made on a claim/request for benefits.

Your Right to Information You have the right to receive, upon written request, reasonable access to and copies of all relevant documents, records, or other relevant information that was submitted, generated by the Plan, considered or relied upon in making a decision on your claim. This includes your right to receive copies of any internal rules, guidelines, standards, protocols or other similar criteria that we may have relied upon in making the decision. If the decision was based on a medical judgment, you may request that the Plan provide you with an explanation of the medical or scientific basis for the determination. The Plan will not charge you for any information you request that is described in this section.

For appeals of disability-related claims you also have the following additional rights:

- To receive an explanation of any disagreement with the views of any health care professional who treated you or vocational professionals who evaluated the claim, when you present those views to the Plan (if applicable);
- To receive an explanation of any disagreement with the view of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with your denial (if applicable);
- To receive an explanation of any disagreement with the view of any disability determination made by the Social Security Administration (if applicable);
- The right to present evidence and testimony in support of your claim during the appeal process;
- The right to review and respond to the Plan's receipt of any new or additional evidence and you will be provided free of charge with any new or additional evidence considered as soon as it becomes available to the Plan but before a final decision is made (this is usually before the next regularly scheduled meeting unless special circumstances require further extension of time);
- The expiration date for any Plan imposed timeline (currently 1 year) for filing a lawsuit pursuant to your rights under ERISA;
- If applicable, statement that any internal rules, guidelines, standards or protocols or other similar criteria that the Plan may have relied on does not exist; and
- If applicable, notice will be provided in a culturally and linguistically appropriate manner in the predominant non-English language spoken where you live.

How to Appeal You or your authorized representative must send a written request for review to the Board of Trustees. Your request must be in writing and should include the following:

- Your name and last four digits of your Social Security number.
- A statement that you are filing an appeal.
- Sufficient information to identify the decision you are appealing such as the type of benefit denied.

- The reason(s) you believe your claim should not have been denied or a different amount should have been paid.
- A summary of all the facts known to you that relate to your request for review, including the names and addresses of persons who have knowledge of any facts regarding your case.
- Copies of any documents, records, or other material that you believe are important for the Trustees to review your claim.
- Mail your appeal to the above address to the attention of:
Board of Trustees, Northern California Pipe Trades Supplemental 401(k) Retirement Trust

Time Limits to File Your Appeal You must file the appeal with the Board of Trustees within 60 days after you received notice of an Adverse Benefit Determination. However, for a claim for disability-related benefits based on a physician's report, your petition for reconsideration must be filed within 180 days after your receipt of the denial. **IMPORTANT: If you do not file the appeal within the appropriate period, you have waived your right to a review of your claim under these procedures or in a court of law. Therefore, please send in your appeal on a timely basis.**

The Board's Decision on Your Appeal The Board of Trustees will review your appeal at their next regularly scheduled meeting following the request for review, unless your appeal is received within thirty (30) days preceding the date of such meeting, or special circumstances exist requiring additional time. In such case, a benefit determination may be made no later than the date of the second meeting following the Plan's receipt of the appeal request. If special circumstances require a further extension of time for processing, a benefit determination will be made no later than the third meeting following the receipt of the petition for review and you will be notified of such an extension and the date by which a determination will be made. The Trustees will review all submitted comments, documents, records, and other information related to your claim, regardless of whether the information was submitted or considered in the original decision. You will be notified if special circumstances require an extension of time for the Trustees to make a decision. The Board of Trustees or its delegate will attempt to notify you in writing of the Trustees' decision on an appeal within five (5) days after the benefit determination is made.

Time Limit to File Lawsuit. If your appeal is denied, you have the right to bring a civil action under ERISA (Employee Retirement Income Security Act of 1974), Section 502(a). No lawsuit may be filed without first exhausting these appeal procedures except for disability-related claims, if the Plan has failed to comply with the claims and appeals procedure for disability claims, you will not be prohibited from filing suit for failure to exhaust these appeal procedures (except for minor Plan errors or matters beyond the Plan's control). **Under the Plan Document, you have one year from the date of the denial of your appeal to file a lawsuit.**

Additional Information *Please refer to your Summary Plan Description (also the Plan Document) for more information about claims and appeals procedures. If there is any conflict between the above policy and the Plan Document, the Plan Document (and its amendments) controls. If you have any questions about your coverage or benefits, you may call or write to the Trust Fund at the telephone number or address above.*

The denial of an application or claim after the right to review has been waived or the decision of the Trustees on an appeal has been issued will be final and binding upon all parties, including the claimant.