

**CONSTRUCTION
INDUSTRY LABORERS
FRINGE BENEFIT FUNDS**

6405 Metcalf, Suite 200
Overland Park, KS 66202
Phone (913) 236-5490
Fax (913) 236-5499

Managed for the Trustees by

TIC International Corporation

January 27, 2016

**TO: ALL ELIGIBLE PARTICIPANTS OF THE CONSTRUCTION INDUSTRY LABORERS
WELFARE FUND**

RE: CLAIMS AND APPEALS – APPOINTING AN AUTHORIZED REPRESENTATIVE

IMPORTANT NOTICE – PLEASE READ CAREFULLY

Dear Participant:

During preparation of the January 1, 2014 Summary Plan Description (SPD), details on designating an Authorized Representative (as stated in the current 2003 SPD/Plan Document) were inadvertently omitted. This notice is to inform you of those details. Please place this notice with your SPD. The below information should be inserted at Section XVII – Claims and Appeals Procedures on page 45 of your SPD as the missing subsection C:

C. DEFINITIONS:

1. Authorized Representative:

- a) A Claimant may select an Authorized Representative by providing written notice to the Fund Office. The Authorized Representative will act on the Claimant's behalf in the pursuit of a benefit Claim or appeal of an adverse benefit determination. The Claimant may select an Authorized Representative by completing a form provided by the Trustees, or otherwise providing sufficient notice to the Fund. A copy of the form may be obtained from the Fund Office. A notice sufficient to designate an Authorized Representative shall contain the full name and social security number of the Claimant, the full name and mailing address of the Authorized Representative, and a short statement that the Claimant wishes to designate the named individual as his Authorized Representative for purposes of filing a specific Claim and/or appeal with the Fund.
- b) An Authorized Representative, once elected, will receive all notices and determinations regarding the Claim that would otherwise be sent to the Claimant. An Authorized Representative will be allowed to make any decision or take any action or inaction that is available to the Claimant regarding the Claim. The Fund will continue to contact the Authorized Representative regarding any references to the Claim or Appeal for which he has been designated for a period of one year, unless the Fund receives written notice from the Claimant terminating the designation as Authorized Representative. The term "Claimant," as used herein, shall include an Authorized Representative selected in accordance with these provisions.

(OVER)

- c) A provider is not an Authorized Representative, unless Claimant specifically designates the provider. However, a Claimant may not assign payment of any Claim to an out of network provider.
2. Claimant: A Claimant is an Employee, Beneficiary, Eligible Dependent, or duly Authorized Representative of an Employee, Beneficiary, or Eligible Dependent who applies for or appeals a Claim for Benefits. A provider is not a Claimant, but may file an initial claim with the designated Preferred Provider Organization, in behalf of a Claimant.

If you have any questions about this notice, please feel free to contact the Fund Office at (913) 236-5490.

Sincerely,

BOARD OF TRUSTEES

Statement Regarding Status as a Grandfathered Health Plan

This group health plan believes this Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.