

Cement Masons & Plasterers Trust Funds

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Administered by
Welfare & Pension Administration Service, Inc.

November 22, 2017

**TO: All Active Participants and Their Dependents--
Cement Masons and Plasterers Health and Welfare Plan (the "Plan")**

RE: Summary of Material Modifications

This is a Summary of Material Modifications describing a change adopted by the Board of Trustees of the Cement Masons and Plasterers Health and Welfare Plan ("Plan"). **This information is VERY IMPORTANT to you and your Dependents.** Please read it carefully and keep it with your booklet dated April 1, 2013.

Effective January 1, 2018, adult Dependents (spouses and Dependent children age 18 or older) of Active Participants may elect to opt-out of Plan coverage. To make the election, a Dependent must submit a signed written request. The request must include the Participant's (employee) full name, date of birth, participant identification number (or social security number), and the Dependent's full name and date of birth. Send the request to the Administration Office at the following address:

Cement Masons and Plasterers Health & Welfare Trust
c/o Welfare & Pension Administration Service, Inc.
P.O. Box 34203
Seattle, WA 98124-1203

The opt-out will be effective for all claims incurred on and after the first of the month following the month in which the opt-out request is received by the Administration Office. The opt-out will apply to all Plan coverage, including medical, prescription drug, life insurance, dental, and vision.

An opt-out of Plan coverage is not a COBRA qualifying event and a Dependent who opts out will not be eligible for COBRA Continuation Coverage. A Dependent who opted out of coverage and is not enrolled in the Plan at the time of a COBRA qualifying event will not be eligible to re-enroll or to elect COBRA Continuation Coverage.

A Dependent who opted out of coverage may re-enroll by submitting a written request to the Trust Administration Office at the above address. In order to re-enroll, the Dependent must qualify as a Covered Dependent under the Plan. Re-enrollment will be effective the first day of the month following the month in which the enrollment request is received by the Administration Office, provided the Participant has Dollar Bank coverage on that date. If the Participant does not have Dollar Bank coverage, the Dependent's eligibility will be reinstated the first of the month the Participant's Dollar Bank eligibility is reinstated.

Participants may not unilaterally remove an adult Dependent from coverage without the adult Dependent's written consent. A minor child cannot opt-out of Plan coverage and cannot be removed from the Plan by an Active Participant or spouse of a Participant.

A Covered Dependent's coverage ends, and the Dependent cannot re-enroll if the dependent no longer qualifies as a Covered Dependent, or if the Active Participant's coverage ends.

If you have any questions about these changes, please contact the Administration Office at 1-800-732-1121, option 4.

Sincerely,

**Board of Trustees
Cement Masons and Plasterers Health and Welfare Trust**