

WORKING AFTER RETIREMENT

What Happens if I Return to Work After My Benefits Start?

If you return to work (as described below) after you retire for any reason, your monthly retirement benefit may be temporarily suspended, depending on your age and the amount of time you work. The suspension rules do not apply to employment after the April 1st following the calendar year you reach age 70½. (See p. 3 for rules applicable to when a Disability Retirement Pension stops.)

If You Are Age 65 or Older

If you work for less than eight days in a month, your pension will not be suspended. Paid time off and partial days, except time paid by Workers' Compensation or disability, count toward the eight days. Your benefits will be suspended during any month that you work for eight or more days in any geographic area or industry covered by the Plan when your benefit payments begin (whether or not you worked in such geographic area or industry before retirement), and in any occupation in which you were employed at any time under the Plan. **You are required to notify the Committee of any period that you perform such work, even if you do not work or plan to work eight or more days in the month.** If you do not report your period of work, the Committee will assume that you have worked eight days that month and every following month until they receive notification stating otherwise, which means that your pension will be temporarily suspended.

You have the right to ask the Committee for an advance determination about whether any job or position you take would cause your benefits to be temporarily suspended. You may be required to provide information about income earned, including a copy of any relevant tax documents, as well as information on duties you will perform and the skills required so that a decision can be provided to you. If you fail to provide the requested information and you begin working at another job, your benefit will be suspended.

If You Are Under Age 65

Your benefits may be suspended for any month after you retire in which you work in any industry and in any business activities engaged in by an employer who currently contributes to the Plan or who has done so in the past for the same type of work. However, if you work for less than eight days in a month with the same employer from which you retired, and on days that the routes were not regularly scheduled, your pension will not be suspended. Paid time off and 19 partial days, except time paid by Workers' Compensation or disability, count toward the eight days.

If you are employed in such work for one or more consecutive months, the Committee may suspend your benefits for an additional six consecutive months. In addition, if you fail to report any period of such work, the Committee will suspend your benefits for six more consecutive months.

What Happens if I Disagree with the Committee's Ruling?

If you disagree with the Committee's ruling to suspend your benefits or with its finding that the work you are performing makes you ineligible to receive benefits, you may file a written request for review with the Committee within 180 days of the notice of suspension or ineligibility.

How Can I Begin to Receive My Pension Again After Suspension?

If your pension has been suspended, **you must notify the Committee when you stop working in the employment which caused the suspension.** After the Committee receives your notification, benefit payments will be paid as of the first of the month after your suspension ends.

What if I Receive My Benefit During a Month it Should Have Been Suspended?

If you receive your benefit during any month that it should have been suspended, the Committee can recover this overpayment through deductions from future payments.

How Can I Be Sure That I Know the Latest Suspension Rules?

When your benefit starts, the Committee will notify you of the rules about returning to work after retirement. If you do not receive this notice, or you would like a new one, please ask the Fund Office for a copy of the suspension notice.

CLAIMS PROCEDURE

What Happens if My Claim for a Pension is Denied?

The Plan's complete Claims Procedure is in the Plan document, Section 12.7. There is a separate procedure for disability claims in Section 12.8. Please see these sections of the attached Plan if your application for benefit is denied and you wish to have the decision reviewed. Please note there is a separate deadline in Section 12.18 to file a written claim if you believe there is any error in the benefit you have received.

If you believe you are entitled to a benefit that you have not received or if you disagree with any determination made by the Committee regarding your benefit (such as the amount of your benefit or how it is calculated), you may submit a claim for benefits under the Plan. However, the time period during which you can submit a claim for benefits (including the time period to bring suit after exhausting the Plan's claims and appeals procedures) is limited. If you fail to make a timely claim for benefits or you fail to timely appeal a denied claim, you may lose your right to those benefits.

If you file a claim and then receive a decision you disagree with, you have the right to have your claim referred to the Fund Manager whose name and address is listed at the end of this booklet. (See below for special rules for disability claims.)

If a claim is denied, in whole or in part, within 90 days (180 days if special circumstances require an extension) the Fund Manager must tell you the specific reasons for the denial, the exact Plan provision(s) on which the decision was based, what additional material or information may be necessary to complete your application and why, and what procedure you should follow to get your claim reviewed.

If a claim is denied by the Fund Manager, you have the right to apply for a review by the Committee. You must do this in writing, within 60 days after you receive the claim denial. If you wish, you can review any documents the Fund Manager has that concern your application, such as copies of the Plan or special information relating to your claim. Your review application may include any additional information that you wish to supply.

After receiving this application, the Committee will review your claim. The Committee has discretionary authority to construe the terms of the Plan, to determine the facts, to apply the terms of the Plan to the facts and to make benefit eligibility determinations.

The Committee must make a final decision on your claim at the next regularly scheduled meeting of the Committee which is at least 30 days after your review request was received (or at the next following meeting if special circumstances require an extension). The final decision must be in writing, clearly stating the reasons for the decision and the provisions of the Plan upon which the decision was based.

If you wish to preserve any rights you may have to a benefit under the Plan, including your right to pursue your claim in court, you must follow the Plan's Claims Procedure.