



**NATIONAL IAM
BENEFIT TRUST FUND**
Better Benefits • Better Life

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To: All Plan Participants
From: Connie DeFrance, Managing Director
Re: Summary of Material Modifications
Date: May 22, 2014

This insert is a Summary of Material Modifications (changes) to your Summary Plan Description (SPD) for the National IAM Benefit Trust Fund (Plan). Please keep this with your SPD.

Dental and Vision Benefits

If you are eligible for dental or vision coverage, you may now waive dental or vision coverage regardless of whether your employer requires a contribution. If you choose to waive coverage you must complete the Waiver Form, which is available at www.iambtf.org under the Forms option. You should print and complete the Waiver Form, then deliver it to your Human Resources Department, who will update the employer records and notify the Plan. You or your employer can also contact the Fund office for a copy of the Waiver Form.

Domestic Partner Coverage

Effective June 1, 2014, the Plan will cover same sex Domestic Partners of participants who live in states where they cannot legally marry. Your Domestic Partner will be eligible for coverage if you sign an affidavit attesting that you and your Domestic Partner:

- Have an exclusive relationship in which you both intend to remain indefinitely;
- Share the same permanent residence;
- Are not related by blood or a degree of closeness that would prohibit legal marriage in the state in which you reside;
- Are financially interdependent;
- Are each at least 18 years old;
- Are each mentally competent to contract;
- Are neither married to nor the Domestic Partner of any other person under any statutory or common law or other rule; and
- Are not partners solely to obtain coverage under the Plan.

Your Domestic Partner's children will be considered your step-children, and they will be eligible for coverage. To enroll your Domestic Partner and/or his or her children, please complete the Affidavit of Domestic Partnership, Enrollment Form, Affidavit of Dependency or Form W-4, as applicable, and the Eligible Dependent Certification, if applicable.

If your Domestic Partner is not your dependent as defined by the Internal Revenue Code, you will be required to pay taxes on the value of your Domestic Partner's coverage. You will need to pay this tax in advance of your Domestic Partner being covered under the Plan.

A Domestic Partner also will be treated as a spouse for purposes of special enrollment and COBRA continuation coverage. You must inform the Plan when the Domestic Partnership is terminated by completing the Affidavit of Termination of Domestic Partnership.

If you and your Domestic Partner become able to marry in the state in which you reside because of a change in law, your Domestic Partner's coverage will end 12 months after the date that you can legally marry, unless you and your Domestic Partner marry and provide the Plan with a copy of your marriage certificate. In that case, your Domestic Partner will be treated as a spouse under the Plan from the date of marriage.

All of the forms noted above are available at www.iambtf.org under the Forms option. You should deliver the completed forms to your Human Resources Department, who will update the employer records and notify the Plan. You or your employer can also contact the Fund office for copies of any of these forms.

Same Sex Marriage

Effective February 27, 2014, the Plan was amended to define "lawful spouse" as determined by the state in which the marriage was entered (namely, the state of celebration). For example, if a same sex couple gets married in a state that allows same sex marriage, and provides the Plan with a marriage certificate, the spouse would be eligible for coverage regardless of where the couple resides or where they might move in the future. To enroll any lawful spouse in the Plan, participants are now required to submit a copy of a marriage certificate with their Enrollment Form.

Statute of Limitations and Venue

Effective February 27, 2014, the Plan was amended to provide that if you want to bring a claim for benefits under the Employee Retirement Income Security Act of 1974 (ERISA), you must bring the claim within 3 years of perfecting the claim (namely, after you have exhausted all remedies under the Plan, excluding your right for external review). In addition, any such claim must be brought in the United States District Court for the District of Columbia.

If You Have Questions

If you have questions about this memo or about any of the other benefits provided by the Plan, please contact the Benefit Trust Fund at 1-800-457-3481.

cc: Steve Sleigh
Steve Lostoski
Chantel Sheaks