

trust fund office
local union 831
employer health trust fund
employer pension plan

**Summary of Material of Modifications
Summary Plan Description – June 2015**

**NOTICE TO ALL PARTICIPANTS IN THE SOUTHERN CALIFORNIA
LOCAL UNION 831 EMPLOYER HEALTH TRUST FUND**

Subject: Continued Eligibility for Retiree COBRA Requires Assignment of Pension Benefits to Health Plan For the Amount of Your Health Insurance Premium Co-Pay

Because of the significant and increasing expense to the Health Plan of collecting co-payments from participants, the Trustees have decided to require the mandatory deduction of those co-payments from your pension check. Money spent on administration is money not available for benefits.

Commencing June 1, 2016, individuals labeled as “Retirees” who are receiving, or applying for, what is called “Retiree COBRA” health coverage under the Southern California Local Union 831 – Employer Health Fund (the “Health Fund”), will be required to pay their monthly Health Fund premium via an automatic deduction from their monthly check from the Southern California Local 831 – Employer Pension Plan (the “Pension Plan”).

Without this mandatory deduction from your monthly Pension Plan check to pay your monthly Retiree COBRA premium, you will not be eligible to enroll for and receive Retiree COBRA. If you are currently enrolled for and are receiving Retiree COBRA, in order for you to continue to receive Retiree COBRA beyond May 31, 2016, you must make an assignment of your Pension Plan check equal to your monthly Retiree COBRA premium, payable to the Trust Fund Office.

You may *voluntarily revoke at any time* your authorization for the mandatory Pension Plan check deduction to pay your Retiree COBRA premium; provided, however, that if and when you do revoke your monthly assignment, you (including your spouse and any other eligible dependents who are on Retiree COBRA with you) will no longer be eligible for Retiree COBRA, and *you will not be entitled to re-enroll in the future for Retiree COBRA.*

This notice, and the enclosed Summary of Material Modifications to the Southern California Local 831 Employer Health Trust Fund Summary Plan Description, is notice to you of the pending Retiree COBRA eligibility change that becomes effective June 1, 2016, in accordance with Federal Regulation 29 CFR §2520.104b-3. Please contact the Fund Office for the required forms that you must sign and date in order to authorize a deduction from your Pension Plan check in the amount of your monthly Retiree COBRA premium.

If you have any questions, please contact the Trust Fund Office at (877) 572-7005 or (626) 279-3080.