This is only a summary intended to familiarize you with the major provisions of the Plan. You should read this summary closely. If you have any questions and before you make any important decisions based on your understanding of the Plan from this summary, you should contact the Plan Administrator.
HOW TO USE THIS SUMMARY

TABLE OF CONTENTS
The table of contents gives a detailed description of where specific information concerning a particular topic may be found.

GLOSSARY
Some terms used in the summary have special meanings. These terms are identified by capitalizing the term's first letter. To find out the exact meaning of a special term, there is a glossary at the end of this summary.

EFFECTIVE DATE
This booklet describes in easy-to-understand terms the principal features of the Plan as in effect on January 1, 2016. It updates and replaces any prior descriptions of the Plan. Some Plan provisions may be different for employees whose employment terminated before January 1, 2016.

MORE SPECIFIC INFORMATION
Some technical details and legal expressions contained in the formal Plan documents have been omitted in this summary. The formal Plan documents govern in administering and interpreting the rights of participants and their beneficiaries.

DAILY ADMINISTRATIVE CONTACT
The person or entity handling the day-to-day operations of the Plan is:

  Administrative Director of Benefits
  SEIU Benefit Funds
  11 Dupont Circle NW #900
  1800 Massachusetts Ave NW #301
  Washington, DC  20036
  (202) 730-7500

Any questions concerning the day-to-day operations of the Plan should be directed to the person or entity identified above.
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INTRODUCTION TO YOUR PLAN

The SEIU Supplemental Retirement Savings 401(k) Plan helps you provide for your retirement security by making it simple and convenient for you to contribute to your retirement savings regularly. Your Employer may also make contributions to your Account to provide you with additional savings. The Plan is intended to meet federal tax law qualification requirements, allowing your savings to accumulate on a tax-deferred basis and permitting you to save more dollars for your retirement.

HOW YOU SAVE

- You may contribute a percentage of your pay to the Plan as 401(k) Contributions. For information on making 401(k) Contributions, see YOUR CONTRIBUTIONS: 401(k) CONTRIBUTIONS.
- If you will be age 50 by the end of the year, you may make Catch Up 401(k) Contributions to the Plan. Catch Up 401(k) Contributions are additional 401(k) Contributions that are not subject to annual limits imposed on 401(k) Contributions under the Plan. For more information on making Catch Up 401(k) Contributions, see YOUR CONTRIBUTIONS: 401(k) CONTRIBUTIONS and LIMITATIONS ON CONTRIBUTIONS.
- If you have savings from another retirement plan or annuity, you may be able to roll those savings into the Plan as Rollover Contributions. For more information on the types of savings that may be rolled over into the Plan and the terms and conditions for making Rollover Contributions, see YOUR CONTRIBUTIONS: ROLLOVER CONTRIBUTIONS.
- If you were a member of the Executive Board as of January 31, 2006 and were not a Highly Compensated Employee, your Account may include Prior Nonelective Contributions that were made on a temporary basis before January 1, 2008. These prior contributions may be subject to different rules than other amounts held under the Plan.
- Dollars you save as 401(k) Contributions (and dollars your Employer may have contributed on your behalf) are not currently included as part of your federal taxable income. Taxes are also deferred on investment earnings on all contributions held in your Account. Therefore, you pay no federal income taxes on your Plan savings until they are distributed to you.

YOUR PLAN ACCOUNT

You have your own Account under the Plan to hold all contributions you make to the Plan and any contributions your Employer makes for you. Your Account also holds any investment earnings on those contributions. Your Account keeps track of your share of the assets held in the Plan.

VESTING OF YOUR ACCOUNT

Your Vested Interest in your Account is the percentage of your Account that you would receive if your employment terminated.

Your Vested Interest in the balance of your Account is always 100%.

DISTRIBUTION OF BENEFITS

You may receive distributions from your Vested Interest in your Account when any of the following happens:

- You satisfy the requirements for an in-service withdrawal. (For more information about withdrawals, see IN-SERVICE WITHDRAWALS.)
- You retire from employment after you reach your Normal Retirement Date.
- You die (distribution will be made to your Beneficiary).
- Your employment terminates. (For more information about distributions following termination of employment, see DISTRIBUTION OF YOUR ACCOUNT.)

SPONSOR DISCRETION

The Sponsor has discretionary authority to interpret and construe the provisions of the Plan, to determine your eligibility for benefits under the Plan, and to resolve any disputes that arise under the Plan. The Sponsor may delegate this authority as provided under the Plan.
PLAN IDENTIFICATION INFORMATION

TYPE OF PLAN
The Plan is a "defined contribution plan". Under a defined contribution plan, all contributions you make to the plan or that are made on your behalf are held in an account that is invested on your behalf. When you retire, your retirement benefit from the plan will be based on the value of your account (including investment earnings and losses) at the time distribution is made to you.

The Plan is a type of defined contribution plan called a "profit-sharing plan". Contributions under a profit-sharing plan are not subject to funding requirements under federal tax law. Therefore, contributions may be discretionary with the employer and may be conditioned on the employer's profits. However, any contributions made under a profit-sharing plan must be allocated among participants under a formula that is described in the plan.

The Plan is also a "401(k) plan". Under a 401(k) plan, you may elect to make contributions to the plan from your pay. Your contributions (called "401(k) Contributions" in this summary) are made on a pre-tax basis. This means you do not pay any taxes on them, or on any earnings that may accumulate on them under the plan, until they are distributed to you.

ADMINISTRATOR
(This is the Plan Administrator for purposes of ERISA and the Internal Revenue Code.)

SEIU Benefit Funds
11 Dupont Circle NW #900
Washington, DC 20036
(202) 730-7500

SPONSOR
Service Employees International Union
1800 Massachusetts Avenue NW
Washington, DC 20036

SPONSOR’S EMPLOYER IDENTIFICATION NUMBER
36-0852885

PLAN NUMBER
002

OTHER ADOPTING EMPLOYERS
The SEIU National Industry Pension Fund, SEIU Education and Support Fund, and the Corporation known as 1313 L Street, N.W., Inc. and 1800 Massachusetts Avenue, Inc

FUNDING MEDIUM
Plan assets are held in a trust maintained by the Trustee.

TRUSTEES
Mary Kay Henry, Michael P. Fishman, William E. Dempsey, and Sharleen Stewart
11 Dupont Circle NW #900
Washington, DC 20036

AGENT FOR SERVICE OF LEGAL PROCESS
Legal process may be served on the Sponsor at its address listed above.

ELIGIBILITY TO PARTICIPATE
To participate in the Plan, you must be a Covered Employee, as described below. There are no other age or service requirements to complete. However, you will not be permitted to make contributions to the Plan or be
eligible to receive Employer Contributions until the payroll period coinciding with or immediately following the date you are hired as a Covered Employee.

**Covered Employees**

You are a Covered Employee if:

- you are a common law employee of the Employer or you are a Leased Employee working for the Employer;

**AND**

- you have **not** executed a contract, letter of agreement, or other document acknowledging your status as an independent contractor and are **not** otherwise treated by the Employer as an independent contractor with respect to whom the Employer does not withhold income taxes and file Form W-2 (or any replacement Form) with the Internal Revenue Service. If the Employer treats you as an independent contractor and you are later adjudicated to be a common law employee of the Employer, you will not be considered a Covered Employee unless and until the Employer extends Plan coverage to you.

- you are **not** a union employee, unless you are covered by a collective bargaining agreement that provides for your coverage under the Plan.

- you are **not** employed outside the United States and its territories.

**YOUR CONTRIBUTIONS**

**401(k) Contributions**

If you elect to make 401(k) Contributions, you authorize your Employer to reduce the Compensation you would regularly receive by a specified amount. This amount is then deposited in your Account as a 401(k) Contribution. You do not pay federal income taxes (or, in many states, state income taxes) on Compensation you contribute to the Plan as 401(k) Contributions for the year in which you make the contribution. Those amounts are not taxed until they are distributed from the Plan.

**How to Make an Election**

To make 401(k) Contributions, you must notify the Administrator of your election in accordance with the rules established by the Administrator. An enrollment form must be completed and submitted to the Fund Office.

**Amount of 401(k) Contributions**

You may contribute from 1% to 25% of your Compensation as 401(k) Contributions.

If you will be age 50 or older by the end of the year, you may make Catch-Up 401(k) Contributions in excess of 25% of your Compensation. Your total Catch-Up 401(k) Contributions cannot exceed the Catch-Up Limit in effect for the year.

**Commencement of 401(k) Contributions**

401(k) Contributions will be made from your Compensation as provided in your election beginning with the first payment of Compensation made to you on or after the date your election is effective.

**Change in Amount of 401(k) Contributions**

You may change the amount your Employer withholds from your future Compensation effective as of the beginning of any payroll period. To change the amount of your 401(k) Contributions, you must contact a customer service associate by calling 1-877-PRU-2100 (1-877-778-2100), access your Account at the Insurance Company's internet site – [www.Prudential.com/online/retirement](http://www.Prudential.com/online/retirement), or notify the Administrator in accordance with the rules established by the Administrator.

**Suspension of 401(k) Contributions**

You may direct your Employer to stop withholding amounts from your future Compensation and suspend your 401(k) Contributions as of the beginning of any payroll period. To suspend your 401(k) Contributions, you must contact a customer service associate by calling 1-877-PRU-2100 (1-877-778-2100), access your
Account at the Insurance Company's internet site – www.Prudential.com/online/retirement, or notify the Administrator in accordance with the rules established by the Administrator. The suspension will take effect as soon as reasonably practicable after you notify the Administrator.

If you suspend your 401(k) Contributions, the suspension will remain in effect until you elect to resume making 401(k) Contributions again.

**Resumption of 401(k) Contributions**

If you suspend your 401(k) Contributions, you may resume making 401(k) Contributions effective as of any day of the Plan Year. To resume your 401(k) Contributions you must contact a customer service associate by calling 1-877-PRU-2100 (1-877-778-2100), access your Account at the Insurance Company's internet site – www.Prudential.com/online/retirement, or notify the Administrator in accordance with the rules established by the Administrator.

**Annual Federal Limit on Amount of 401(k) Contribution**

Federal law limits the amount of 401(k) Contributions that you can make to the Plan each calendar year. For 2016, the maximum amount is $18,000. The IRS may adjust this limit for future years. Any adjustment will be in increments of $500. If the Administrator determines that the amount you authorize your Employer to withhold from your Compensation would exceed the maximum amount permitted for the year, the Administrator will adjust the amount withheld so that it does not exceed the maximum.

**Catch-Up 401(k) Contributions**

If you will be age 50 or older by the end of the calendar year, you may make Catch-Up 401(k) Contributions for that year that exceed the annual Federal limit above. Your total Catch-Up 401(k) Contributions for a year cannot exceed the Catch-Up Limit in effect for the year. If you made a Catch-Up 401(k) Contribution in excess of the 25% of Compensation limit, as described above in **Amount of 401(k) Contributions**, the dollar amount of that Catch-Up 401(k) Contribution will be subtracted from the Catch-Up Limit to determine the amount of any Catch-Up 401(k) Contributions you may make above the Federal limit. For 2016, the Catch-Up Limit is $6,000. The IRS may adjust this limit each year.

**Rollover Contributions**

If you are a Covered Employee, you may elect to roll over qualified distributions into the Plan.

Your Rollover Contributions are subject to all the terms and conditions of the Plan and are only distributable to you under the terms of the Plan.

**Savings Eligible for Direct Rollover**

The Plan permits "direct rollovers" from the following:

- "qualified plans" (these are plans that meet the requirements of Section 401(a) or annuities that meet federal tax law qualification requirements, such as 401(k) or profit-sharing plans)
- 403(b) retirement plans (these are retirement plans maintained for employees of tax exempt organizations or governments)
- 457 deferred compensation plans (these are deferred compensation plans for employees of state or local governments)
- IRAs

A "direct rollover" is a rollover made directly from another plan or annuity without being distributed to you first. You may not make a direct rollover to the Plan of Roth contributions or after-tax employee contributions.

If you have an outstanding loan under another plan or annuity, you may not roll over the loan note as part of your Rollover Contribution.

**Savings Eligible for Indirect Rollover**

The Plan permits "indirect rollovers" from the following:
• "qualified plans" (these are plans that meet the requirements of Section 401(a) or annuities that meet federal tax law qualification requirements, such as 401(k) or profit-sharing plans)
• 403(b) retirement plans (these are retirement plans maintained for employees of tax exempt organizations or governments)
• 457 deferred compensation plans (these are deferred compensation plans for employees of state or local governments)
• IRAs

In addition, former employees of Service Employees International Union who have received a lump sum payout from the Pension Plan for Employees of the Service Employees International Union may elect to roll over such lump sum payout to the Plan. A former employee wishing to roll over such a lump sum payout must elect to do so within the 90-day period beginning on the date the former employee becomes eligible to commence benefits under the Pension Plan for Employees of the Service Employees International Union. Any such Rollover Contribution must be in accordance with the rules applicable to "indirect rollovers" described in Rollover Procedures below.

An "indirect rollover" is a rollover you make to the Plan of amounts you have actually received as a distribution from another plan or annuity. You may not make an indirect rollover to the Plan of Roth contributions or after-tax employee contributions.

Rollover Procedures

The Administrator may require you to provide information to show that the savings you want to roll over meet the Plan requirements.

If the distribution qualifies, you may roll it over into the Plan by having it delivered to the Trustee. If you actually receive distribution of the amount you are rolling over, your Rollover Contribution must be delivered to the Trustee within 60 days of the date you receive it.

Vested Interest in Your Contributions

Your Vested Interest in the Value of your contributions to the Plan is always 100%.

Employer Contributions

In addition to your contributions, if you were a member of the International Executive Board (IEB) as of January 31, 2006 and were also a non-Highly Compensated Employee participating in the Plan, your Employer may have made Prior Nonelective Contributions to your Account before January 1, 2008. You are not taxed on any Employer Contributions made to your Account until distribution is made to you.

Vested Interest in Employer Contributions

Your Vested Interest in the Prior Nonelective Contributions in your Account is always 100%.

Plan Investments

Where Plan Contributions are Invested

You direct how the contributions made to your Account are invested. You may direct that contributions be invested in any of the funds made available to you under the Plan. The Administrator will provide you with a description of the different investment funds available. New investment funds may be added and existing funds changed. The Administrator will update the description of the available funds to reflect any changes.

Making Investment Elections

Investment Elections

When you become eligible to participate in the Plan, you must notify the Administrator of your investment elections in accordance with the rules established by the Administrator. Your investment election must specify the percentage of contributions to your Account that will be invested among the available investment funds.
Failure to Direct Investments
If you do not direct how contributions to your Account should be invested, the contributions will be invested among the investment funds selected by the Investment Fiduciary.

Change of Investment Elections
You may change how contributions to your Account are invested effective as of any business day during the Plan Year. To perform this transaction you must contact a customer service associate by calling 1-877-PRU-2100 (1-877-778-2100), access your Account at the Insurance Company's internet site – www.Prudential.com/online/retirement, or notify the Administrator in accordance with the rules established by the Administrator.

Transfers Between Funds
You may transfer any amount held in your Account from one investment fund to another investment fund. You must specify the amount that is to be transferred.

A transfer may be made effective at any time. To make a transfer, you must contact a customer service associate by calling 1-877-PRU-2100 (1-877-778-2100), access your Account at the Insurance Company's internet site – www.Prudential.com/online/retirement, or notify the Administrator in accordance with the rules established by the Administrator.

If you intend to transfer amounts from one investment fund to another investment fund, there may be special rules pertaining to transfers to and from such funds. For more information, you should contact the Administrator.

Restrictions on Transfers
The Insurance Company expects that, under most circumstances, unrestricted transfers will be available into any competing fixed income fund. Also, these provisions will not affect new contributions to, or transfers from, a competing fixed income fund.

In addition, if the Securities and Exchange Commission (SEC) has suspended or otherwise restricted trading, or another emergency outside of our control exists, the Insurance Company may defer investment transfers for up to 6 months. Interest (or gains or losses, as applicable) will continue to apply during the deferral period. In addition, the Insurance Company reserves the right to monitor participant's investment fund transfer activities to determine whether there are any inappropriate market timing activities. If the Insurance Company determines that a plan participant has engaged in inappropriate market timing, it may restrict his or her ability to make investment transfers in or out of particular funds.

If you intend to transfer amounts from one investment fund to another investment fund, there may be special rules pertaining to transfers to and from such funds. For more information, you should contact the Administrator.

Prudential Retirement's Internet Site
The Prudential Retirement® Online Retirement Center allows Internet access to your Account using your personal computer. The Prudential Retirement® Online Retirement Center is available 24 hours a day, 7 days a week. You can access the Prudential Retirement® Online Retirement Center through the Internet site at www.Prudential.com/online/retirement.

VALUING YOUR ACCOUNT
The Value of your Account is periodically adjusted to show any earnings or losses on your investments, any distributions that you have received, and any contributions that have been made to your Account since the preceding adjustment date. Legal rules require this adjustment to be made at least annually.

The Value of your Account may increase or decrease at any time due to investment earnings or losses. You are only entitled to receive from the Plan the Value of your Vested Interest in your Account on the date distribution is made to you. That Value will be determined on the adjustment date immediately preceding the date of distribution and may be larger or smaller than the Value determined on any other adjustment date. The Investment Fiduciary, the Trustee, and the Employer do not guarantee your Account from investment losses.
LOANS FROM YOUR ACCOUNT

The Plan provides for loans to participants from their vested Accounts. Loans from the Plan are governed by a separate loan policy adopted by the Administrator. A copy of the policy governing Plan loans is attached as an addendum to this summary.

APPLICATION FOR LOAN

You may apply for a loan from your Account in accordance with the rules prescribed by the Administrator if you are a "party in interest" (generally, any employee of the Employer or a Related Organization or certain individuals who have an ownership interest in the Employer or a Related Organization).

FEDERAL TAX RULES GOVERNING PLAN LOANS

For the Plan to retain its tax-qualified status (that allows your retirement savings to accumulate on a tax-deferred basis), any Plan loan must meet the following minimum requirements:

- **Interest rate:** must be a reasonable rate similar to the rate charged for a loan made under similar circumstances by persons in the business of lending money. (If you are absent because of military leave, federal law limits the interest rate that can apply to your loan.)
- **Loan amount:** cannot exceed the lesser of $50,000 or 50% of your Vested Interest in your account. You are only permitted to have one outstanding loan at any given time.
- **Loan term:** cannot exceed 5 years, unless it is used to purchase your principal residence.
- **Repayment schedule:** must be substantially equal installments made not less frequently than quarterly. Some exceptions are made for unpaid leaves.

The loan guidelines provided by the Administrator may have more stringent requirements than the federally required minimum. In that case, any Plan loan must meet the more stringent requirements set forth in the loan guidelines.

COLLATERAL FOR LOAN

If you receive a Plan loan, a portion of your Vested Interest in your Account will be used as collateral for the loan. You may not receive a loan in excess of 50% of your Vested Interest. If a Plan loan is still outstanding at the time distribution of your Account is to be made, the amount distributed will be reduced by the portion of your Account being held as collateral for the loan, but only to the extent necessary to repay the loan.

While you are on an authorized unpaid leave of absence, you are not required to make loan payments for up to a year. In addition, your loan repayments will be suspended during a period of qualified military service. When you return to work from military leave, you must fully repay the loan (including all interest accrued) in substantially level installments by the end of the original term of the loan plus the period of military service. However, if the original term of the loan was less than 5 years and the loan was not taken for the purchase of a principal residence, the term of the loan can be extended to 5 years plus the period of military service. During the period of military service, a maximum interest rate of 6% applies to your loan. When you return to work, you have two options with respect to the payment amount:

- Reamortize your loan at the original interest rate, taking into account both the outstanding principal and interest that accrued at 6% during the leave. The loan will be repaid by the end of its term with no additional amount due on that date.
- Continue paying the amount originally scheduled. Due to the interest that accrued during the leave and the interest that continues to accrue on this amount, an additional lump sum amount in outstanding principal and interest may be due at the end of the loan’s term.

DEFAULT ON LOAN

You will not receive a Plan loan unless you agree that your Account may be charged for unpaid principal and interest if you default on the loan. A Plan loan will be declared to be in default if either (1) you fail to make a required payment within 90 days of the date the payment was due or (2) there is an outstanding principal balance after the last scheduled repayment date.
SPECIAL LOAN RULES

- **Repayment While Employed:** if you are employed by the Employer, repayment will be made by payroll withholding or by other means permitted under the loan policy.

- **Repayment Following Termination of Employment:** following your termination of employment, you may elect to make direct payments on an outstanding Plan loan in accordance with rules established by the Administrator.

- **Minimum loan amount:** $1,000.

- **Limit on outstanding loans:** only 1 outstanding Plan loan is permitted at any time.

- **Prepayment of full outstanding balance:** permitted without penalty.

- **Wait period to apply for new loan:** you may not apply for a new loan until 7 days after paying off a prior loan.

- **Spousal Consent:** required if you are married.

- **Principal residence loans:** may not exceed 10 years.

- **Rollover of Plan Loans:** in accordance with rules prescribed by the Administrator, you may elect to roll over a Plan loan to another qualified retirement plan that permits such rollovers.

IN-SERVICE WITHDRAWALS

Under certain circumstances, you may make a cash withdrawal or a withdrawal in the form of a single life annuity or a qualified joint and survivor annuity (as described in FORM OF PAYMENT: FORM OF PAYMENT TO YOU) from your Account while you are still employed by your Employer.

WITHDRAWALS WHILE ABSENT ON MILITARY DUTY

If you are absent from employment with your Employer or a Related Organization to perform military service, you may be entitled to withdraw amounts from your Account.

**Standard Military Withdrawals**

If you are absent from employment because of service with the uniformed services (as described in United States Code, Title 38, Chapter 43), you may withdraw all or part of the Value of your Vested Interest in the following contributions held in your Account:

- **Rollover Contributions**

- **Prior Nonelective Contributions**

Your withdrawal will be effective as soon as administratively practicable after your election is received. If you are married, your Spouse must consent to the withdrawal, unless it is made in the form of a qualified joint and survivor annuity (as described in FORM OF PAYMENT: FORM OF PAYMENT TO YOU).

**Deemed Severance of Employment Withdrawals**

If you are absent from employment for more than 30 days because of service with the uniformed services (as described in United States Code, Title 38, Chapter 43), federal law permits the Plan to treat you as if you had terminated employment, but solely to allow you to withdraw amounts from your Account that are not otherwise available for withdrawal. (This summary does not address the effect of military leave on your other employer-provided benefits.) If you are deemed to have terminated employment for this purpose, you may withdraw all or part of the Value of the following contributions:

- **your 401(k) Contributions**

Your withdrawal will be effective as soon as administratively practicable after your election is received. If you are married, your Spouse must consent to the withdrawal, unless it is made in the form of a qualified joint and survivor annuity (as described in FORM OF PAYMENT: FORM OF PAYMENT TO YOU).

If you take a withdrawal because of your deemed severance of employment, you will not be permitted to make 401(k) Contributions to the Plan (or any other plan maintained by the Employer or a Related Organization) for 6 months from the date of the withdrawal.
HARDSHIP WITHDRAWALS

If you incur an immediate and heavy financial need, you may withdraw all or part of the Value of the following contributions held in your Account:

- 401(k) Contributions (excluding investment earnings)
- Prior Nonelective Contributions

You may only make a hardship withdrawal if the Administrator determines that the withdrawal is necessary to meet your financial need. Generally, the amount of your hardship withdrawal cannot exceed the amount of your financial need, except it may include amounts necessary to pay any federal, state, or local income taxes or penalties reasonably expected to result from the withdrawal.

Your hardship withdrawal will be effective as soon as administratively practicable after your election is received. If you are married, your Spouse must consent to the withdrawal, unless it is made in the form of a qualified joint and survivor annuity (as described in FORM OF PAYMENT: FORM OF PAYMENT TO YOU).

Financial Needs For Which Hardship Withdrawals Are Available

The financial needs for which you can get a hardship withdrawal are:

- medical expenses of you, your Spouse, or your dependents for the diagnosis, cure, mitigation, treatment, or prevention of disease.
- purchase of your principal residence (excluding mortgage payments).
- tuition payments, related educational fees, and room and board expenses for post-secondary education for you, your Spouse, or your dependents.
- prevention of your eviction from your principal residence or foreclosure on the mortgage of your principal residence.
- funeral or burial expenses for your deceased parent, Spouse, child, or dependent.
- expenses for the repair of damages to your principal residence that would qualify for a casualty loss deduction (determined without regard to whether the loss exceeds 10% of your adjusted gross income).

Generally, for purposes of a hardship withdrawal, your dependent is as defined for purposes of receiving an income tax deduction, without regard to the rules (1) prohibiting persons treated as dependents from claiming dependents of their own, (2) precluding persons who file a joint return with their Spouse from being claimed as dependents, and (3) precluding persons who have gross income for the year equal to or greater than the exemption amount from being claimed as dependents.

For purposes of determining whether you have a financial need for which a hardship withdrawal is available, your “Spouse” does not include your Domestic Partner.

Demonstrating Need for Hardship Withdrawal

The Administrator will approve your hardship withdrawal from your 401(k) Contributions only if all of the following requirements are met:

- the withdrawal amount does not exceed the amount you need to meet your financial need (including the payment of taxes and penalties resulting from the withdrawal);
- you have obtained all other distributions and all non-taxable loans available to you from any plan maintained by your Employer or any Related Organization; and
- you suspend your 401(k) Contributions to the Plan (and any other plan maintained by the Employer or any Related Organization) for at least 6 months after receipt of the withdrawal.

Limitations on Hardship Withdrawals

You must apply for a hardship withdrawal such number of days before the effective date as the Administrator prescribes.

Taxes and Penalties
In addition to the payment of income taxes on the amount of any Hardship Withdrawals, if you are under Age 59 1/2, your distribution will also likely be subject to an additional tax penalty of 10%. You should contact your tax advisor for more information.

**DISTRIBUTION OF YOUR ACCOUNT**

**DISTRIBUTION TO YOU**

If your employment with the Employer (and all Related Organizations) terminates, you may receive distribution of your Account. Distribution may be made as soon as reasonably practicable following the expiration of the 90-day period beginning on the date your employment terminates.

You may postpone distribution until April 1 of the calendar year following the calendar year in which you reach age 70 1/2.

Instead of receiving distribution of your full Vested Interest, you may elect to receive a partial distribution of only a portion of your Account following termination and postpone distribution of the remaining balance.

**Request for Distribution**

Unless your Account is cashed out as described below, distribution of your Account will not be made before April 1 of the calendar year following the calendar year in which you reach age 70 1/2 or retire, whichever is later, unless you request an earlier distribution.

If you keep your Account in the Plan after your employment terminates, you must pay for all fees and expenses to maintain your Vested Interest in the Plan. These expenses will be withdrawn directly from your Account.

**Effect of Reemployment**

If you are reemployed by the Employer (or a Related Organization) before distribution of your full Vested Interest in your Account has been made, distribution of your Account will be suspended until your reemployment terminates.

**Required Distribution**

Federal tax law requires distribution of your Account to begin no later than April 1 of the calendar year following the year in which you reach age 70 1/2 or retire, whichever is later. Special rules apply if you are a 5% owner of the Employer (see the Administrator for details).

**SPECIAL TAX RULES APPLICABLE TO DISTRIBUTIONS**

If you terminate employment before reaching age 55 and elect to receive distribution of your Account before reaching age 59 1/2, you may be subject to a 10% penalty tax on your distribution. The penalty tax does not apply to amounts that are rolled over to another eligible retirement program. You should consult your own tax advisor to determine whether this tax applies to you.

**DISTRIBUTION TO YOUR BENEFICIARY**

If you die before distribution of the full Value of your Account has been made to you, distribution of your Account will be made to your Beneficiary as soon as reasonably practicable following the date your Beneficiary requests distribution.

Unless distribution of your Account is to be made to your Beneficiary by purchase of an annuity contract from an insurance company or in a series of installment payments, federal tax law requires distribution to your Beneficiary to be made in full no later than the end of the fifth calendar year beginning after your death or, if your Beneficiary is your Spouse, the end of the calendar year in which you would have reached age 70 1/2, if later.

If distribution of your Account is to be made to your Beneficiary by purchase of an annuity contract from an insurance company or in a series of installment payments, federal tax law requires distribution to your Beneficiary to begin:

- if your Beneficiary is your Spouse, no later than the end of the first calendar year beginning after your death or the end of the calendar year in which you would have reached age 70 1/2, whichever is later; or
- if your Beneficiary is someone other than your Spouse, no later than the end of the first calendar year beginning after your death.

Your Spouse may only delay distribution under the federal tax law requirements described above if your Spouse is your sole Beneficiary. Generally, your Spouse is your sole Beneficiary only if (1) your Spouse is entitled to your full Account or a segregated portion of your Account and (2) no other Beneficiary is entitled to any portion of your Spouse's interest unless your Spouse dies before receiving full distribution of that interest.

CASH OUTS OF ACCOUNTS AND CONSENT TO DISTRIBUTION

If the Value of your Vested Interest in your Account is $1,000 or less, your Account will be "cashed out" by distributing your Vested Interest in your Account in a single-sum payment or by direct rollover to an IRA or other eligible retirement plan as soon as reasonably practicable following the date your employment terminates. Your Account will be cashed out even if you do not consent to the distribution.

The Administrator will notify you of the cash out rules and give you the opportunity to elect whether to (1) receive payment yourself or (2) have the payment rolled over directly to the IRA or other eligible plan that you select. If you do not make an election within the period prescribed by the Administrator, payment will be made directly to you.

If the Value of your Vested Interest in your Account is more than $1,000, distribution of your Account cannot be made before the date you reach age 62 without your written consent. If you are married, your Spouse must also consent to the distribution.

FORM OF PAYMENT

FORM OF PAYMENT TO YOU

- **Single-sum payment:** Distribution of your Account will be made in one payment.

- **Installment payments:** Distribution of your Account will be made in a series of installment payments over the period you specify. Under federal law, however, the maximum period over which installment payments may be paid cannot exceed your life expectancy or the joint life expectancies of you and your Beneficiary. Installment payments will be made in reasonably equal amounts, except as necessary to reflect increases or decreases in the Value of your Account. Subject to the requirements of federal law, you may modify the rate and amount of your installment payments at any time.

- **Annuity contract:** Distribution of your Account will be made to you through the purchase of an annuity contract from an insurance company. You may elect any form of annuity available from an insurance company. Under federal law, the maximum period over which an annuity may be paid cannot exceed your life or the joint lives of you and your Beneficiary.

- **Normal form of annuity:** Unless you elect another form of payment, distribution will be made to you in the normal annuity form. If you have a Spouse, your Spouse must consent to your election of a form of payment other than the normal annuity form.
  - The normal form if you do not have a Spouse is a **single life annuity** (payments are made to you for life and end at your death).
  - The normal form if you do have a Spouse is a **50% qualified joint and survivor annuity** (payments are made for your life and, if your Spouse to whom you were married when payments started survives you, payments equal to 50% of what you were receiving continue to your Spouse for life).

  For purposes of the above requirements, the term Spouse does not include your Domestic Partner. However, if you have a Domestic Partner, you may still elect payment of your benefit in the **50% qualified joint and survivor annuity** form, with your Domestic Partner as your Beneficiary under the annuity.

- **Direct rollover:** If your distribution is eligible for rollover into an IRA or other eligible retirement plan, you can elect to have the distribution transferred directly into the IRA (including a Roth IRA) or other eligible plan. If you do not elect a direct rollover of your eligible distributions, a 20% mandatory federal income tax withholding applies to the distribution. You may not elect a direct rollover if the total value of any distribution is less than $200 or with respect to a portion of a distribution eligible for rollover if the
value of such portion is less than $500. All or any portion of a distribution from your Account is eligible for rollover except:

- any minimum distribution that is required under federal tax law
- any distribution that is one of a series of installment payments made over your life, the life of you and your Beneficiary, or for a specified period of 10 or more years
- any hardship withdrawal

**FORM OF PAYMENT TO YOUR BENEFICIARY**

If you die before distribution of your Account is made, your Beneficiary may elect among the same forms of payment that are available to you. However, your Beneficiary may not elect a joint and survivor annuity. If your Spouse is your Beneficiary, payment will be made to your Spouse in the form of a qualified preretirement survivor annuity, as described below, unless your Spouse elects otherwise.

If your Beneficiary receives distribution in a single-sum payment or in installments over a period of less than 10 years, your Beneficiary may also elect a direct rollover, as described above. If your Beneficiary is your Spouse or a former Spouse, he or she may roll over the distribution to an IRA (including a Roth IRA) or to any other eligible plan. Your non-Spouse Beneficiary may only roll over the distribution to an IRA (including a Roth IRA) that is treated as an inherited IRA for required distribution purposes. For this purpose, your "Spouse" does not include your Domestic Partner.

- **Qualified preretirement survivor annuity**: If you have a Spouse and you die before any distribution of your Account is made, distribution of 50% of your Account will be made to your Spouse through the purchase of a qualified preretirement survivor annuity from an insurance company. A "qualified preretirement survivor annuity" is an annuity payable for the life of your Spouse. Distribution of the remaining balance of your Account will be made to your designated Beneficiary and will not be subject to the qualified preretirement survivor annuity requirements.

Your Spouse may elect instead to have distribution of the portion of your Account payable as a qualified preretirement survivor annuity made in one of the other forms of payment available to Beneficiaries under the Plan.

You may designate a person other than your Spouse to receive distribution of the portion of your Account otherwise payable to your Spouse as a qualified preretirement survivor annuity. You may only designate a non-Spouse Beneficiary for the portion of your Account payable as a qualified preretirement survivor annuity if your election meets the requirements described in **FORM OF PAYMENT: FORM OF PAYMENT TO YOUR BENEFICIARY** above. To designate a non-Spouse Beneficiary or change a prior designation, you must contact the Administrator.

**YOUR BENEFICIARY UNDER THE PLAN**

**Beneficiary if You Have No Spouse**

You may designate a Beneficiary to receive distribution of your Account if you die. Unless your marital status changes or you enter into a domestic partnership elect an annuity form of payment, your Beneficiary will not change until you designate a different Beneficiary. To designate a Beneficiary or change a prior designation, you must contact the Administrator.

**Beneficiary if You Have a Spouse**

If you have a Spouse, including a Domestic Partner, your Beneficiary under the Plan with respect to the portion of your Account that is payable as a qualified preretirement survivor annuity (as described in **FORM OF PAYMENT: FORM OF PAYMENT TO YOUR BENEFICIARY**) is your Spouse. You may always designate a non-Spouse Beneficiary to receive distribution of that portion of your Account that is not payable to your Spouse as a qualified preretirement survivor annuity. You may only designate a non-Spouse Beneficiary for the portion of your Account payable as a qualified preretirement survivor annuity if your election meets the requirements described in **FORM OF PAYMENT: FORM OF PAYMENT TO YOUR BENEFICIARY** above. To designate a non-Spouse Beneficiary or change a prior designation, you must contact the Administrator.
**Effect of Marriage or Entry into Domestic Partnership on Prior Beneficiary Designation**

If you designate a non-Spouse Beneficiary and then get married or enter into a domestic partnership, your prior Beneficiary designation will be ineffective, except with respect to the portion of your Account that is not payable to your new Spouse as a qualified preretirement survivor annuity. To retain your non-Spouse Beneficiary with respect to the portion of your Account otherwise payable as a qualified preretirement survivor annuity, you will need to re-designate that person as your Beneficiary with your Spouse's consent.

**Effect of Divorce or Dissolution of Domestic Partnership on Prior Beneficiary Designation**

If your Spouse, including a Domestic Partner, is your Beneficiary under the Plan and you get divorced or, in the case of a domestic partnership, you dissolve the partnership, your Spouse will cease to be your Beneficiary on the date of the final divorce or similar decree or order, unless either (i) you re-designate your former Spouse as your Beneficiary or (ii) your former Spouse is designated as your Beneficiary under a qualified domestic relations order. If your Spouse is designated as your Beneficiary under a qualified domestic relations order, he or she will be treated as your Beneficiary only to the extent required under the order.

**Beneficiary Where There is No Designated Beneficiary**

If you die without properly designating a Beneficiary or if no Beneficiary survives you, your Beneficiary will be your surviving Spouse or, if you have no surviving Spouse your estate.

**SPOUSAL CONSENT**

If you make an election that requires your Spouse's consent, your Spouse's consent must acknowledge the effect of providing the consent and must be witnessed by a Plan representative or a notary public. Your Spouse's written consent will not be required if you make a good faith attempt to find your Spouse and your Spouse cannot be located, you have a court order stating that you are legally separated from your Spouse, or you have a court order stating that your Spouse has abandoned you.

**ERISA CLAIMS PROCEDURES**

The procedures in this section of the booklet apply if you file (or your Beneficiary files) a claim for benefits with the Administrator.

**INITIAL RESPONSE TO CLAIM**

Unless additional time is required, the Administrator (or other fiduciary responsible for reviewing claims) will notify you in writing regarding your claim within 90 days of the date your claim was received. If special circumstances require an extension of the 90-day review period, you will be notified. In no event will the initial period for reviewing your claim exceed 180 days.

**CLAIM DENIAL**

If your claim is denied, the Administrator's notice will include all of the following:

- the specific reason(s) for the denial;
- identification of the Plan provisions that support the denial;
- any additional information needed to complete your application and an explanation of why it is needed; and
- information on how to have your claim reviewed.

**REVIEW OF ADMINISTRATOR’S DECISION**

If you disagree with a decision made by the Administrator regarding a claim under the Plan, you have the right to ask the Administrator for a review of its decision. You should contact the Administrator at its business address or at its business phone number within 60 days of the date on which you receive notice of denial of the claim. A request for review must contain all of the following information:

- the date you received notice of denial of your claim and the date your request for review is filed;
- the specific part of the claim you want reviewed;
• a statement describing why you think the decision should be reversed; and
• any written material that you think is pertinent to your claim and that you want the Administrator to examine.

Unless additional time is required, the Administrator (or other fiduciary responsible for reviewing claims) will review the denial of your claim and notify you in writing of its final decision, within 60 days of the filing of your request. If additional review time is needed, you will be notified. In no event will the review period exceed 120 days.

If your claim is denied on review, the notice will include all of the following:
• the specific reason(s) for the denial;
• identification of the Plan provisions that support the denial;
• a statement that you are entitled to receive reasonable access to and copies of all documents, records, and other information relevant to your claim for benefits;
• information on any voluntary appeal procedures; and
• a statement of your right to bring a civil action under ERISA.

SPECIAL RULES APPLICABLE TO DISABILITY CLAIMS
If you are claiming a benefit under the Plan that is contingent on a determination that you are Disabled, you will receive a written response within 45 days, rather than 90 days. If special circumstances require an extension, the Administrator (or other fiduciary responsible for reviewing claims) will notify you within the 45-day processing period that additional time is needed. The notice will specify the circumstances requiring the extension and the date a decision can be expected. The extension notice will also:
• explain the standards for approving a disability claim;
• state the unresolved issue(s) that prevent the Administrator from reaching a decision; and
• describe any additional information needed to resolve the issue(s).

If the Administrator requests you to provide additional information so it can process your claim, you will have at least 45 days in which to provide the information. Otherwise, the initial extension cannot exceed 30 days.

If circumstances require further extension, the Administrator will again notify you, this time before the end of the initial 30-day extension. The notice will state the date a decision can be expected. In no event will a decision be postponed beyond an additional 30 days after the end of the first 30-day extension.

If your disability claim is denied, the Administrator's notice will include the following in addition to the information in CLAIM DENIAL above:
• if the claim denial is based on an internal rule, guideline, protocol, or other similar provision, that a copy of the provision is available upon request, free of charge; and
• if the claim denial is based on an exclusion or limit (such as a medical necessity requirement or an experimental treatment exclusion) that an explanation of the scientific or clinical judgment applying the exclusion or limit is available upon request, free of charge.

You may request a review of the Administrator's decision regarding your disability claim within 180 days, rather than 60 days. The review must be conducted by a Plan fiduciary different from the fiduciary who originally denied your claim. This fiduciary also cannot be subordinate to the fiduciary who originally denied your claim.

If the original denial of your claim was based on a medical judgment, the reviewing fiduciary must consult with an appropriate health care professional who was not consulted on the original claim and who is not subordinate to someone who was.

The review must identify the medical or vocational experts consulted on the original claim. You may request, in writing, a list of those medical or vocational experts.

You will receive notice of the reviewing fiduciary's final decision regarding your disability claim within 45 days, rather than 60 days, of your request. If your disability claim is denied, the notice will include the following in addition to the information in CLAIM DENIAL above:
- if the claim denial is based on an internal rule, guideline, protocol, or other similar provision, that a copy of the provision is available upon request, free of charge;

- if the claim denial is based on an exclusion or limit (such as a medical necessity requirement or an experimental treatment exclusion) that an explanation of the scientific or clinical judgment applying the exclusion or limit is available upon request, free of charge; and

- the following statement: "You and your Plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency."

**BRINGING A CIVIL ACTION UNDER ERISA**

If your claim is denied and you want to bring a civil claim under ERISA, you must file your claim within 1 year of the date you receive a final adverse determination of your claim on review. If you do not pursue or exhaust the claims review procedures under the Plan, the 1-year period runs from the date you would allegedly have become entitled to the benefit you are claiming.

You cannot bring a civil claim under ERISA unless you have first exhausted your remedies under the Plan. This means that before filing you must have (1) submitted a timely claim for benefits under the Plan, (2) received notice that your claim was denied, (c) filed a written request for review of your claim, as described in **REVIEW OF ADMINISTRATOR'S DECISION** above, and (d) received an adverse benefit determination on review.

**AMENDMENT AND TERMINATION OF THE PLAN**

**PLAN AMENDMENT**

The Sponsor reserves the right to amend the Plan, either prospectively or retroactively.

**PLAN TERMINATION**

The Sponsor reserves the right to terminate the Plan at any time. Under federal law, if all contributions under the Plan cease, the Plan will be deemed to have terminated. In addition, an Employer may withdraw from the Plan at any time. If an Employer withdraws from the Plan, the Employer will determine whether the withdrawal should be treated as a termination of the Plan with respect to its employees.

If the Plan is terminated, distribution of your Account will be made as permitted under federal law.

**MISCELLANEOUS INFORMATION**

**PLAN BOOKLET DOES NOT CREATE EMPLOYMENT CONTRACT**

The only purpose of this booklet is to provide you with information about the benefits available under the Plan. The booklet is not intended to create an employment contract between you and your Employer. Nothing in this booklet should be construed as a limitation on your right or your Employer's right to terminate your employment at any time, with or without cause.

**NO GUARANTEES REGARDING INVESTMENT PERFORMANCE**

The Plan fiduciaries and functionaries handling Plan assets (including the Sponsor, the Employer, the Investment Fiduciary, the Administrator, and the Trustee) do not guarantee any particular investment gain or appreciation on your Account nor guarantees your Account against investment losses or depreciation.

**IF CIRCUMSTANCES REQUIRE DELAY OF A WITHDRAWAL**

All withdrawals may be delayed by the Insurance Company under certain circumstances. A description of these situations may be obtained from your Administrator. Regardless of the circumstances, there will be no delay in payment in cases of death, retirement, termination of employment, or becoming disabled.

**TRANSFERS FROM GUARANTEED INCOME FUND MAY BE LIMITED**

Under certain circumstances, the amount transferred from the Guaranteed Income Fund to other investment funds may be limited by the Insurance Company. Please see your Administrator for further information on transferring funds from the Guaranteed Income Fund.
PAYMENT OF ADMINISTRATIVE EXPENSES

Generally, the expenses of administering the Plan are paid from Plan assets, unless your Employer elects to make the payment. If administrative expenses are paid from Plan assets, they will be shared among all participants’ Accounts.

Although expenses are generally shared among the Accounts, administrative expenses incurred as a direct result of your activities under the Plan are allocated to, and may be deducted directly from your Account. These expenses may include any or all of the following, if applicable:

- Any expenses incurred in connection with your request for a hardship withdrawal
- Any expenses incurred in processing your loan request
- Any expenses incurred in determining whether a domestic relations order received for you meets certain requirements
- Any expenses incurred in connection with distributing your Account
- Any expenses incurred as a result of you exercising an investment election
- Any expenses incurred as a result of you utilizing the Plan’s investment advice services
- Any expenses incurred in calculating the benefit amounts payable to you under different forms of payment
- Any expenses incurred in processing your request for payment in the form of installments

QUALIFIED DOMESTIC RELATIONS ORDERS

Generally, federal law prohibits payment of your Account to someone other than you, unless you have died. An exception to this rule is made for qualified domestic relations orders. A qualified domestic relations order may require that a portion of your Account be paid to someone other than you or your Beneficiary.

"Qualified domestic relations orders" are court judgments, decrees, etc. that pertain to child support, alimony, or marital property and that meet specific legal requirements. The Administrator has procedures for determining whether a court judgment or decree meets the specific legal requirements to be a qualified domestic relations order. You or your Beneficiary may obtain, without charge, a copy of these procedures from the Administrator.

MILITARY LEAVE

If you return to employment following a military leave, you may be entitled to benefits under the Plan for the period that you were absent from employment. You should consult the Administrator for information regarding Plan benefits during military leave.

If you die while absent from employment with the Employer or a Related Organization because of “qualified” military service (as described in the Uniformed Services Employment and Reemployment Rights Act of 1994), you will be treated for purposes of the Plan as if you died while employed by the Employer (or Related Organization). However, no additional contributions will be made to your Account.

If you become disabled while absent from employment with the Employer or a Related Organization because of "qualified" military service and cannot return to active employment, during the period specified by the Administrator, you will be permitted to make 401(k) Contributions for your period of military leave up to the maximum amount you would have been permitted to contribute if you had actually returned to employment immediately before your disability date.

RETURN OF CONTRIBUTIONS TO YOUR EMPLOYER

If your Employer makes a contribution to your Account by mistake or if your Employer cannot deduct a contribution made to the Plan on its tax return, that contribution will be returned to your Employer in accordance with federal law.

TOP-HEAVY PROVISIONS

Federal law requires that the Plan contain certain provisions that become effective only if the Plan becomes top-heavy. The Plan will become “top-heavy” if the aggregate Value of Accounts for certain officers is 60% or more of the Value of all assets held under the Plan. If the Plan becomes top-heavy, specific minimum vesting and
minimum benefits provisions become effective. If the Plan becomes top-heavy, the Administrator will notify you and give you additional details regarding these provisions.

**LIMITATIONS ON CONTRIBUTIONS**

As described above in **YOUR CONTRIBUTIONS: 401(k) CONTRIBUTIONS**, federal law limits the dollar amount of 401(k) Contributions that you can make each calendar year. For 2016, the maximum contribution amount is $18,000.

If you are a Highly Compensated Employee, federal law also limits the amount of 401(k) Contributions you may make to the Plan compared to the contributions made to the Plan for employees who are not Highly Compensated Employees. If the Administrator determines that contributions for Highly Compensated Employees would impermissibly exceed the contributions for other employees, it may adjust the amount of 401(k) Contributions that would otherwise be made for Highly Compensated Employees.

In addition, total contributions to the Plan are subject to annual limitations under federal law. Your Employer is required to restrict total contributions to the Plan so they do not exceed the annual limitation.

If you will be age 50 or older by the end of the year, you may make Catch-Up 401(k) Contributions that exceed any of the above limits. The total amount of your Catch-Up 401(k) Contributions cannot exceed the Catch-Up Limit for the year.

**MORE THINGS YOU SHOULD KNOW**

Contributions you make to the Plan and contributions your Employer makes for you are held for the exclusive benefit of you and your Beneficiaries.

Because the Plan assets are held in individual Accounts and are never less than the total benefits payable to participants, no insurance of benefits by the Pension Benefit Guaranty Corporation under Title IV of ERISA is necessary or available. The Plan is subject, however, to the applicable provisions of Title I of ERISA (protection of employee benefit rights) and Title II of ERISA (amendments to the Internal Revenue Code relating to retirement plans).

**YOUR RIGHTS UNDER THE PLAN**

The Plan is covered by ERISA, which was designed to protect employees’ rights under benefit plans. As a participant in the Plan, you should know as much as possible about your Plan benefits.

**RIGHT TO INFORMATION**

You are entitled to:

- Examine, without charge, at the Administrator's office during normal business hours and at other specified locations, such as worksites and union halls, copies of all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

- Obtain, upon written request to the Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Administrator may make a reasonable charge for the copies.

- Receive a summary of the Plan’s annual financial report. The Administrator is required by law to furnish each participant with a copy of this summary at no charge.

- Receive a quarterly statement of your benefits under the Plan, and, if you are not fully vested, the earliest date on which you will have a nonforfeitable right to such benefits. The statement must include a description of any limitations or restrictions on your ability to direct investment of your Account.

- Obtain information as to whether a particular employer has adopted the Plan and, if so, the employer's address, upon written request addressed to the Administrator.

- Receive a written explanation with respect to any denied benefit claim regarding the reasons for such denial and the steps that must be taken in order to have such denial reviewed.
**Prudent Actions by Fiduciaries**

In addition to creating rights for employees participating in the Plan, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people are called "fiduciaries" and have a duty to act prudently and in the best interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

**Enforcing Your Rights**

If your claim for a benefit is denied in whole or in part, you have a right to know why this was done, to obtain copies (without charge) of documents relating to the decision, and to appeal any denial, all within certain time schedules. See **ERISA Claims Procedures** above.

Under ERISA, there are steps you can take to enforce your rights under the Plan. For example, if you request a copy of Plan documents or the latest annual report for the Plan and you do not receive them within 30 days, you have the right to file suit in federal court. In such a case, a court may require the Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not provided for reasons outside the Administrator's control. If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. However, you cannot bring an action at law or in equity unless you have exercised your appeal rights (see **ERISA Claims Procedures** above) and your benefits requested in the appeal have been denied in whole or in part. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order, you may file suit in federal court. If you believe a Plan fiduciary has misused Plan funds, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court.

After deciding your case, the court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim to be frivolous.

**Assistance with Your Questions**

If you have any questions, you should contact the Administrator at the address indicated in **Plan Identification Information** at the front of this booklet. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Administrator, you may contact the nearest Office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.
GLOSSARY

**Account**
The account established to track the contributions made to the Plan on your behalf and the investment earnings and losses on those contributions.

**Administrator**
The fiduciary responsible for the administration of the Plan.

**Beneficiary**
The person (or persons) entitled to receive distribution of your Account if you die before your Account has been fully distributed to you.

**Catch-Up 401(k) Contribution**
Any 401(k) Contribution that you make to the Plan for any year (beginning with the year you reach age 50) that exceeds an applicable limit by no more than the Catch-Up Limit in effect for the year.

**Catch-Up Limit**
The maximum amount by which your Catch-Up 401(k) Contributions for a particular year may exceed the limitations applicable to 401(k) Contributions for the year. The Catch-Up Limit for 2016 is $6,000. The IRS may adjust this limit for future years.

**Compensation**
The compensation from your Employer that is taken into account in determining the amount of contributions that you or your Employer can make to your Account.

Your Compensation for any period means the wages paid to you for employment covered under the Plan that would be reported as income on Form W-2.

Compensation includes the following:

- 401(k) Contributions you make to the Plan, transportation fringe benefits you receive from your Employer that are excluded from your taxable gross income, amounts that you contribute on a pre-tax basis to a cafeteria plan (or that the Employer contributes on your behalf unless you elect to receive cash instead), and amounts you contribute as salary reduction contributions to a 403(b) account, or other plan.

- pay you receive after your termination of employment for your services before termination, including your regular pay and, if otherwise included in Compensation, overtime, differential pay, etc., provided payment is made before the later of 2 1/2 months following termination or the end of the year in which termination occurs.

- pay you receive after termination of employment for accrued vacation or other leave, provided payment is made before the later of 2 1/2 months following termination or the end of the year in which termination occurs.

- deferred compensation you receive from a non-qualified plan after termination of employment, provided payment is made before the later of 2 1/2 months following termination or the end of the year in which termination occurs and you would have received the payment even if your employment had continued.

Notwithstanding the foregoing, Compensation does not include the following:

- differential pay you receive from the Employer for periods you are absent because of military service.
Legal rules limit the Compensation that may be included under the Plan each year. For 2016, the maximum amount is $265,000. (The IRS may adjust this limit for future years.)

**Covered Employee**
You are employed by the Employer in a job category and at a location that is covered by the Plan. Only employees who are Covered Employees may make and receive contributions under the Plan.

**Disabled**
You have a mental or physical condition that is likely to result in death or is expected to be of long-continued or indefinite duration and that prevents you from continuing in employment with your Employer. You are Disabled only if:
- the Administrator determines you are disabled based on a written certificate of a physician acceptable to it.

**Domestic Partner**
The person with whom you maintain a domestic partnership, as determined by the Administrator. You should contact the Administrator for further information about the criteria used to determine whether you maintain a domestic partnership with a person.

**Employer**
Any organization that participates in the Plan. This organization could be the Sponsor or a Related Organization that adopts the Plan with the Sponsor's consent. Employers that have adopted the Plan include the Sponsor and the following: The SEIU National Industry Pension Fund, SEIU Education and Support Fund, and the Corporation known as 1313 L Street, N.W., Inc. and 1800 Massachusetts Avenue, Inc. The companies that participate in the Plan are referred to collectively in this booklet as "the Employer."

**Employer Contribution**
Any contribution made to the Plan by your Employer that is not contingent on your contributions, as described in detail in EMPLOYER CONTRIBUTIONS.

**ERISA**

**401(k) Contribution**
Any contributions you make to the Plan as provided in your salary reduction election.

**Highly Compensated Employee**
An employee who is treated as highly compensated for purposes of the federal tax law governing retirement plans. Generally, you may be a Highly Compensated Employee if you are a 5% owner in the current or preceding year or you were paid more than the applicable limit set by the federal government during the preceding year. For 2015 (the look back year used to determine who is a Highly Compensated Employee for 2016), this limit is $120,000. If you are concerned that you may be a Highly Compensated Employee, you should consult the Administrator.

**Insurance Company**
Prudential Retirement Insurance and Annuity Company.

**Investment Fiduciary**
The fiduciary responsible for determining the investment options available under the Plan.

**Leased Employee**
An employee who is actually employed by another organization (the "leasing organization"), but who is leased to the Employer on a substantially full-time basis. If you are a Leased Employee, you may be eligible for benefits under the Plan if you meet all of the following requirements:
- you have worked for the Employer for at least 1 year.
• you perform services under the primary direction or control of the Employer
• you are not covered by another plan maintained by the leasing organization that provides certain minimum benefits

**Normal Retirement Date**
The date you are entitled to retire with full benefits. Your Normal Retirement Date is the first day of the calendar quarter coinciding with or next following the date you reach age 59-1/2.

**Plan**
The SEIU Supplemental Retirement Savings 401(k) Plan.

**Plan Year**
The period on which the Plan's records are kept. The Plan Year is the 12-month period beginning each January 1st.

**Prudential Retirement's Internet Site**
The Internet service where, among other services, participants have access to view a 90-day account history, transfer between investment funds, change contribution percentages, check investment performances and project their investments. You can access Prudential Retirement's Internet site at [www.Prudential.com/online/retirement](http://www.Prudential.com/online/retirement).

**Related Organization**
Any organization or business that is considered to be related to an Employer under federal tax law.

**Rollover Contribution**
Any qualified cash contribution that you elect to roll over to the Plan from another retirement plan or from a rollover IRA.

**Sponsor**
The company that maintains the Plan and has the power to amend the Plan. The Sponsor of the Plan is Service Employees International Union.

**Spouse**
The person to whom you are legally married in accordance with the laws of the State, Commonwealth, or foreign country in which the marriage was celebrated. Your Spouse also includes your Domestic Partner, if applicable.

**Trustee**
The entity that holds the Plan assets for the benefit of covered employees. The entity may be a trust company, a bank, an insurance company, or a group of individuals chosen by the Sponsor.

**Value**
The monetary worth of the contributions and investment earnings and losses on such contributions in your Account.

**Vested Interest**
The percentage of the Value of your Account that you are entitled to receive upon distribution.
ADDENDUM RE: PARTICIPANT LOAN POLICY

The SEIU Supplemental Retirement Savings 401(k) Plan permits loans to be made to Participants. However, before any loan is made, the Plan requires that a written loan program be established which sets forth the rules and guidelines for making Participant loans. This document shall serve as the required written loan program. In addition, the Plan Administrator may use this document to serve as, or supplement, any required notice of the loan program to Participants. All references to Participants in this loan program shall only include Participants with respect to the Plan. Furthermore, it shall only include those individuals to the extent they are "parties in interest" as defined by ERISA Section 3(14).

The Plan Administrator is authorized to administer the Participant loan program.

1. LOAN APPLICATION. All loan applications will be considered by the Plan Administrator within a reasonable time after the Participant makes formal application in accordance with elections made by the Plan Sponsor in the Administrative Services Agreement between the Plan Sponsor and the service provider ("Prudential") as follows:

   • If the Loan Initiation Outsourcing Service has been selected, a Participant may apply for a loan by submitting a loan application ("Application"), in a form prescribed by Prudential and consistent with the terms of this Loan Policy as authorized by the Plan Administrator, to Prudential by authorized electronic means. The date and time of receipt will be appropriately recorded.

   • If the Participant Transaction Center (PTC) Loan Service has been selected, a Participant may apply for a loan by submitting a loan application ("Application"), in a form prescribed by Prudential and consistent with the terms of this Loan Policy as authorized by the Plan Administrator, to Prudential by authorized electronic means. The request will be reviewed and approved and/or denied by an authorized representative of the Employer by electronic means. The date and time of receipt will be appropriately recorded.

   • If the Non-Automated Loan Service has been selected, a Participant may apply for a loan by submitting a duly completed loan application ("Application") to the Plan Administrator or authorized plan representative that has been signed by the Participant, within the 90-day period prior to the making of the loan. If spousal consent is required, the application must be signed by the spouse and witnessed by a notary public or an authorized plan representative. An authorized plan representative must approve the loan.

A Participant who has repaid a prior Plan loan may not apply for another loan until 7 days from the date of his last loan payment.

2. LOAN LIMITATIONS. The Plan Administrator will not approve any loan to a Participant in an amount which exceeds 50% of his or her nonforfeitable Account balance. The maximum aggregate dollar amount of loans outstanding to any Participant may not exceed $50,000, reduced by the excess (if any) of (i) the Participant's highest outstanding balance of loans during the one year period ending on the day before the date on which a loan is made over (ii) the Participant's outstanding balance of loans on the date on which such loan is made.

With regard to any loan made pursuant to this program, the following rule(s) and limitation(s) shall apply, in addition to such other requirements set forth in the Plan:

   • The minimum loan available from the Plan is $1,000.

   • A Participant may only have one loan outstanding from the Plan. A Participant with an outstanding loan may not apply for another loan until the existing loan is paid in full and may not refinance an existing loan or obtain a second loan for the purpose of paying off the existing loan. Note that a loan in default, including a loan that is deemed distributed, is treated as an outstanding loan for purposes
of determining the number of loans outstanding to a Participant until it is repaid or actually offset against the Participant's Account balance.

- All loans made pursuant to this program will be considered a directed investment of the Participant's Account under the Plan. As such, all payments of principal and interest made by the Participant will be credited only to the Account of such Participant. The Plan also will charge the Participant's Account with expenses directly related to the origination, maintenance and collection of the note.

- A Participant's Spouse must consent in writing to any loan hereunder. Any spousal consent given must be made within the 90-day period ending on the date the Plan acquires a security interest in the Participant's Account, must acknowledge the effect of the loan, and must be witnessed by a Plan representative or a notary public. The spousal consent shall be binding with respect to the consenting Spouse and any subsequent Spouse with respect to the loan. A new spousal consent shall be required if the Participant's Account is used for security in any renegotiation, extension, renewal, or other revision of the loan.

3. LOAN FEES/SOURCES. Please refer to the Administrative Services Agreement for applicable loan initiation and maintenance fees. The Plan Administrator, as to new loans, may increase these fees by notice to or agreement with the record keeper or other party administering loans and repayments.

The loan will be processed from all Sub-Accounts, as prescribed by the Plan Administrator.

4. TERMS OF LOAN. Any loan under this program will bear a rate of interest equal to Reasonable Rate. The Plan Administrator will require that the Participant repay the loan by agreeing to payroll deduction. If payroll withholding is unavailable, the Participant must agree to repay the loan by personal check or similar payment. The Plan Administrator will fix the term for repayment of any loan. Generally, the term of repayment may not be greater than 5 years. However, if the loan qualifies as a Primary Residence loan, the term may be longer than 5 years. The term of repayment of a "Primary Residence loan" may not be greater than 10 years.

- Note that the amount of any loan (other than a "Primary Residence loan") not repaid within 5 years may be treated as a taxable distribution on the last day of the 5 year period, including any available cure period or if sooner, at the time the loan is in default. If a Participant extends a non-Primary Residence loan having a 5 year or less repayment term beyond 5 years, the balance of the loan at the time of the extension is deemed to be a taxable distribution to the Participant.

Loans may be prepaid in their entirety at any time. Any such prepayment shall be made by any form approved by the Plan Administrator. A loan, if not otherwise due and payable, is due and payable on termination of the Plan, notwithstanding any contrary provision in the promissory note. Nothing in this loan policy restricts the Employer's right to terminate the Plan at any time.

5. SECURITY FOR LOAN. The Plan will require that adequate security be provided by the Participant before a loan is granted. For this purpose, the Plan will consider a Participant's interest under the Plan to be adequate security. However, in no event will more than 50% of a Participant's vested interest in the Plan (determined immediately after origination of the loan) be used as security for the loan. The Plan will not make loans which require security other than the Participant's vested interest in the Plan. The Plan Administrator will not investigate the Participant's creditworthiness before making the loan as the loan will be treated as a directed investment of the borrower's Account.

The 50% limit is based on the Participant's full Account.

6. FORM OF PLEDGE. The pledge and assignment of a Participant's Account balances will be made in the manner prescribed by the Plan Administrator.
7. MILITARY SERVICE. If a Participant takes a leave of absence from the Employer because of service in the military and does not receive a distribution of his or her Account balances, the Plan may suspend loan repayments until the Participant's completion of military service. While the Participant is on active duty in the United States military, the interest rate on any loan in existence before such leave shall not exceed 6%, compounded annually.

8. LEAVE OF ABSENCE/SUSPENSION OF PAYMENT. The Plan Administrator may suspend loan repayments for a period not exceeding one year which occurs during an approved leave of absence, either without pay from the Employer or at a rate of pay (after applicable employment tax withholdings) that is less than the amount of the installment payments required under the terms of the loan. The Plan Administrator will provide the Participant with a written explanation of the effect of the leave of absence upon his or her Plan loan.

9. PAYMENTS AFTER LEAVE OF ABSENCE. When payments resume following a payment suspension in connection with a leave of absence authorized in 7 or 8 above, the Participant shall increase the amount of the required installments to an amount sufficient to amortize the remaining balance of the loan, over the remaining term of the loan. Further, if the Participant's loan term was not the maximum permissible, then he may extend the maturity date of the loan and re-amortize the payments over the remaining time of the new term. If the leave of absence was due to a Qualified Military Leave of Absence described in item 7 above, the revised term of the loan shall not exceed the maximum term permitted in item 4 above, augmented by the time the Participant was actually in United States Military Service.

10. DEFAULT. The Plan Administrator will treat a loan in default if any scheduled payment remains unpaid beyond 90 days (not more than 90) following the date on which the scheduled payment was due. The Plan Administrator may extend the grace period so deemed distribution of the loan amount does not occur until the quarter following the quarter in which the payment was due. After termination of employment, whether the Participant chooses to continue to repay the loan or chooses not to repay the loan, the remaining loan balance will be offset against the Participant's Account upon the earlier of (1) a total distribution of the Account to the Participant, or (2) expiration of the grace period.

If a Participant is still employed upon default, a deemed distribution will be declared. The amount of loan outstanding upon default will be treated as a deemed distribution and will be taxable to the Participant in the year of the default, which will result in a Form 1099-R being issued to the Participant.

A Participant who continues employment following default may (i) repay the full amount of the loan, with interest, (ii) resume current status of the loan by paying any missed payment plus interest, or (iii) if distribution is available under the Plan, request distribution of the promissory note. If the loan remains in default, when the Participant's Account is distributed, the Plan Administrator will offset the Participant's vested Account balance by the outstanding balance of the loan to the extent permitted by law. The Plan Administrator will treat the note as repaid to the extent of any permissible offset. Pending final disposition of the note, the Participant remains obligated for any unpaid principal and accrued interest.

11. MEANING OF TERMS. Generally, capitalized terms have the meaning provided in the Summary Plan Description. The following terms, which are not defined in the Summary Plan Description, have the following meanings:

- "Participant" means an individual on whose behalf contributions were made to the Plan and who retains an Account under the Plan.
- "Primary Residence loan" means a loan used to acquire a dwelling unit that will, within a reasonable period of time, be used as the Participant's principal residence.
- "Sub-Account" means a sub-account maintained under a Participant's Account.
Summary of Material Modifications

This Summary of Material Modifications updates the Summary Plan Description for the Plan (employee booklet) that was previously distributed to you to reflect changes in the Plan provisions. This summary should be kept with your current booklet until an updated booklet is distributed to you.

The following section of your employee booklet has been updated to describe changes in the Plan that are effective April 1, 2018. This updated section replaces the current section of your employee booklet:

ERISA CLAIMS PROCEDURES

ERISA requires a Plan to establish and maintain procedures governing the filing of benefit claims, notification of benefit determinations, and appeal of adverse benefit determinations. These procedures are set forth in the PLAN CLAIMS PROCEDURES Addendum to this booklet.

The following section of your employee booklet has been updated to describe changes in the Plan that are effective April 1, 2018. This updated section replaces the current section of your employee booklet:

YOUR RIGHTS UNDER THE PLAN

The Plan is covered by ERISA, which was designed to protect employees’ rights under benefit plans. As a participant in the Plan, you should know as much as possible about your Plan benefits.

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ENFORCING YOUR RIGHTS

If your claim for a benefit is denied in whole or in part, you have a right to know why this was done, to obtain copies (without charge) of documents relating to the decision, and to appeal any denial, all within certain time schedules. See the PLAN CLAIMS PROCEDURES Addendum to this booklet.

Under ERISA, there are steps you can take to enforce your rights under the Plan. For example, if you request a copy of Plan documents or the latest annual report for the Plan and you do not receive them within 30 days, you have the right to file suit in federal court. In such a case, a court may require the Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not provided for reasons outside the Administrator's control. If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. However, you cannot bring an action at law or in equity unless you have exercised your appeal rights (see the PLAN CLAIMS PROCEDURES Addendum to this booklet) and your benefits requested in the appeal have been denied in whole or in part. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order, you may file suit in federal court. If you believe a Plan fiduciary has misused Plan funds, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court.

After deciding your case, the court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim to be frivolous.
An Addendum has been added at the end of your employee booklet to describe the Plan's claims procedures applicable to claims filed on or after April 1, 2018:

**ADDENDUM:**

**PLAN CLAIMS PROCEDURES**

The provisions of this Addendum describe the procedures used by the Plan whenever a claimant's request under the Plan is denied, in whole or in part. A "claimant" is any person who either (i) makes a claim for benefits under the Plan or (ii) seeks a remedy under any provision of ERISA or other applicable law in connection with any question regarding a benefit under the Plan. A Participant or the Participant's Beneficiary may be a claimant under the Plan.

A claimant may authorize a representative to act on his or her behalf with respect to any claim under the Plan. The representative must provide satisfactory evidence to the Administrator of the representative's authority to act for the claimant, such as a letter of authority with the claimant's notarized signature. To the extent consistent with the authority granted by a claimant to his or her representative, references to the claimant in these claims procedures include the claimant's representative.

The Administrator may review claims under the Plan or may delegate that authority to an appropriate claims adjudicator. References in these claims procedures to the Administrator include any claims adjudicator acting on behalf of the Administrator.

Benefit claim determination shall be made based on the applicable provisions of the Plan document and any documents of general application that interpret the Plan provisions and are maintained by the Employer or the Administrator for purposes of making benefit determinations. The Administrator shall take such steps as are necessary to ensure and verify that benefit claim determinations are made in accordance with such documents and that the Plan provisions are being applied consistently with respect to similarly situated claimants.

All notices to claimants will be written in a manner calculated to be understood by the claimant.

**LIMITATION ON CLAIMS RELATED TO IMPLEMENTATION OF INVESTMENT ELECTIONS**

A claimant alleging that there has been a failure or error in implementing investment directions with respect to an Account must file a claim with the Administrator on or before the earlier of:

- 60 days from the mailing of a trade confirmation, account statement, or other document, from which the alleged error can be discovered, or
- one year from the date of the transaction related to the alleged error.

If a claim is filed outside of that period, any recovery will be limited to the benefit that would have been determined if the claim were timely filed. Therefore, any adjustments for investment experience will be calculated only for such period.

**STANDARD CLAIMS PROVISIONS**

The standard claims provisions apply to any claim that does not require a determination under the Plan as to whether or not a claimant is disabled. The standard claims provisions also apply if a claim requires a disability determination, but that determination is made outside the Plan for reasons other than determining eligibility for a Plan Benefit. Examples of this are where the disability determination is based solely on whether the claimant is entitled to disability benefits under either the Social Security Act or the Employer's long-term disability plan.

**INITIAL REVIEW**

**Review Period.** Generally, the Administrator has 90 days from the date on which a claim is filed in which to review the claim and render a decision. This review period may be extended with the voluntary consent of the claimant or if the Administrator determines that special circumstances require an extension. If special
circumstances require an extension, the Administrator will notify the claimant before the end of the initial review period that additional review time is necessary. The notice will:

- describe the special circumstances requiring a delay; and
- specify the date a decision is expected to be made.

The Administrator cannot extend the review period beyond an additional 90 days, unless the claimant voluntarily agrees to a longer extension.

If the Administrator requires additional information from the claimant in order to process the claim, the Administrator has discretion to decide whether to request the information and extend the initial review period as described in this section or, instead, to deny the claim on the basis that there is not sufficient information to proceed. If the Administrator notifies the claimant that additional information is needed, the notice may also serve as a denial notice if it clearly states that unless the claimant provides the requested information within the prescribed time period, the claim will be denied for failure to provide sufficient information. A combined notice must provide both the information described above and the information under "Denial Notice" below.

**Denial Notice.** The notice denying a claimant's claim will contain the following information:

- the specific reasons for the denial of the claim;
- specific reference to pertinent Plan provisions on which the denial is based;
- a description of any additional material or information necessary for the claimant to perfect the claim and an explanation of why such information is necessary;
- a description of the Plan's appeal procedures; and
- a statement that if the claimant appeals an adverse benefit determination in accordance with the Plan's procedures and the reviewing fiduciary's decision on appeal is adverse to the claimant, no further administrative review is required, and the claimant then has a right to bring a civil action under ERISA Section 502(a).

The notice shall also include a statement advising the claimant that, within 60 days of the date on which he receives such notice, he may appeal the adverse benefit determination in accordance with the appeal procedures described below.

**APPEAL OF ADVERSE BENEFIT DETERMINATION**

**Filing an Appeal.** Within the 60-day period beginning on the date the claimant receives notice of the adverse benefit determination, the claimant may appeal the determination by filing with the Administrator a written request that contains the following information:

- the date on which the claimant's appeal request was received by the Administrator; provided that the date on which the appeal request was in fact received by the Administrator shall control in the event that the date of the actual filing is later than the date stated by the claimant;
- the specific portions of the denial of his claim which the claimant requests the Administrator (or other reviewing fiduciary) to review;
- a statement by the claimant setting forth the basis upon which he believes the Administrator should reverse its previous denial of his claim for benefits and accept his claim as made; and
- any written or other material (offered as exhibits) which the claimant desires the Administrator to examine in its review of the adverse benefit determination.
**Review on Appeal.** If a claimant files a timely appeal, the Plan shall provide a full and fair review of the adverse benefit determination in accordance with the following:

- **Free Access to Information.** Upon request, the Plan shall provide the claimant reasonable access to, and copies of, all documents, records and other information relevant to the claimant's claim. No fee may be charged for such access and/or copies.

- **Record on Appeal.** In reviewing the claimant's appeal, the Administrator shall take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination.

- **Timing.** Generally, the Administrator has 60 days from the date on which it received the claimant's appeal request in which to consider the appeal and render a decision. This review period may be extended with the voluntary consent of the claimant or if the Administrator determines that special circumstances require an extension. If special circumstances require an extension, the Administrator will notify the claimant before the end of the initial review period that additional review time is necessary. The notice will:
  - describe the special circumstances requiring a delay; and
  - specify the date a decision is expected to be made.

The Administrator cannot extend the review period beyond an additional 60 days, unless the claimant voluntarily agrees to a longer extension.

The Administrator may review a claimant's appeal itself or appoint a separate appeals fiduciary to conduct the review.

**Denial of Appeal.** If the Administrator decides for whatever reason to deny, whether in whole or in part, a claimant's appeal of an adverse benefit determination, the Administrator's decision shall be written in a manner calculated to be understood by the claimant and shall contain the following information:

- the specific reasons for the adverse determination;
- specific reference to pertinent Plan provisions on which the determination is based;
- a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim;
- a statement describing any voluntary review procedures and the claimant's right to obtain copies of such procedures; and
- a statement of the claimant's right to bring an action under ERISA Section 502(a) and a description of any applicable contractual limitation period that applies to the claimant's right to bring such an action.

**DISABILITY CLAIMS PROVISIONS**

The disability claims provisions apply to any claim that requires a determination under the Plan as to whether or not a claimant is disabled. The disability claims provisions do **not** apply if a claim requires a disability determination, but that determination is made outside the Plan for reasons other than determining eligibility for Plan Benefits. Examples of when the disability claims provisions do **not** apply are where the disability determination is based solely on whether the claimant is entitled to disability benefits under either the Social Security Act or the Employer's long-term disability plan.

**INITIAL REVIEW**
**Review Period.** Generally, the Administrator has 45 days from the date on which a claim is filed in which to review the claim and render a decision. This review period may be extended with the voluntary consent of the claimant or if the Administrator determines that special circumstances require an extension.

- **Extension of Initial Review Period for Special Circumstances.** If special circumstances outside the control of the Administrator, other than the need for additional information from the claimant, require an extension, the Administrator will notify the claimant before the end of the initial review period that additional review time is necessary. The notice will:
  
  - specify the circumstances requiring a delay and the date a decision is expected to be made;
  - explain the standards for approving a disability claim;
  - state the unresolved issues that prevent the Administrator from reaching a decision; and
  - describe any additional information needed to resolve the issues. If additional information is required from the claimant, the review period will temporarily cease to run, as described in “Tolling of Review Period when Additional Information is Required.”

The Administrator cannot extend the review period beyond an additional 30 days, unless the review period is tolled (temporarily ceases to run) because information is required from the claimant or the claimant voluntarily agrees to a longer extension. If the special circumstances cannot be resolved within the initial extension period (including any extension due to the tolling of the review period) and a further extension is required, the Administrator will notify the claimant before the end of the initial extension that additional review time is necessary and the date by which a final decision is expected. The further extension cannot exceed an additional 30 days, unless either (1) additional information is required from the claimant and the review period is tolled or (2) the claimant voluntarily agrees to a longer extension.

- **Tolling of Review Period when Additional Information is Required.** If the Administrator requires additional information from the claimant to make a disability determination, the Administrator will notify the claimant. The notice will:

  - explain the standards for approving a disability claim;
  - describe the additional information needed to enable the Administrator to make a disability determination; and
  - the date by which such information must be provided in order to be taken into consideration in processing the claim. The Administrator must allow the claimant at least 45 days from the date it provides the notice in which to respond to the request for additional information.

The claims review period will be tolled (temporarily cease to run) until the earlier of (i) the date the claimant provides the required information or (ii) the end of the claimant’s response period.

The notice requesting additional information may also serve as notice of a claim denial if the notice clearly states that unless the claimant provides the requested information within the prescribed time period, the claim will be denied for failure to provide sufficient information. A combined notice must provide both the information described above and the information under “Denial Notice” below.

If additional information is required from the claimant, the Administrator has discretion to decide whether to request the information and extend the initial review period as described in this section or, instead, to deny the claim on the basis that there is not sufficient information to proceed.

**Denial Notice.** The notice denying a claimant’s claim for a disability benefit will be provided in a culturally and linguistically appropriate manner and will contain the following information:
• the specific reasons for the denial of the claim;
• specific reference to pertinent Plan provisions on which the denial is based;
• a discussion of the decision, including an explanation for disagreeing with or not following:
  • the views presented by the claimant of health care professionals treating the claimant and vocational professionals who evaluated the claimant;
  • the views of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the adverse benefit determination, without regard to whether the advice was relied on in making the determination; and
  • any disability determinations made by the Social Security Administration;
• one of the following:
  • a statement that the claim denial is based on an internal rule, guideline, protocol, or other similar criterion and either (1) a copy of the specific rule, guideline, protocol, or other criterion relied upon in denying the claim or (2) a further statement that a copy of the specific rule, guideline, protocol, or other criterion relied upon in denying the claim is available upon request, free of charge; or
  • a statement that the claim denial is not based on an internal rule, guideline, protocol, or other similar criterion;
• if the claim denial is based on an exclusion or limit (such as a medical necessity requirement or an experimental treatment exclusion), either (1) an explanation of the scientific or clinical judgment, applying the terms of the Plan to the claimant's circumstances or (2) a statement that such an explanation is available upon request, free of charge;
• a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to the claimant's claim;
• a description of any additional material or information necessary for the claimant to perfect the claim and an explanation of why such information is necessary;
• a description of the Plan's mandatory appeal procedures and, in the event of an adverse benefit determination on appeal, a description of any voluntary appeal procedures and the claimant's right to obtain copies of such procedures; and
• a statement that if the claimant appeals an adverse benefit determination in accordance with the Plan's procedures and the reviewing fiduciary's decision on appeal is adverse to the claimant, no further administrative review is required, and the claimant then has a right to bring a civil action under ERISA Section 502(a).

The notice shall also include a statement advising the claimant that, within 180 days of the date on which he receives such notice, he may appeal the adverse determination in accordance with the appeals procedures described below.

**APPEAL OF ADVERSE BENEFIT DETERMINATION**

**Filing an Appeal.** Within the 180-day period beginning on the date the claimant receives notice of the adverse benefit determination, the claimant may appeal the determination by filing with the Administrator a written request that contains the following information:
• the date on which the claimant's appeal request was received by the Administrator; provided that the date on which the appeal request was in fact received by the Administrator shall control in the event that the date of the actual filing is later than the date stated by the claimant;

• the specific portions of the denial of his claim which the claimant requests the reviewing fiduciary to review;

• a statement by the claimant setting forth the basis upon which he believes the reviewing fiduciary should reverse the Administrator's previous denial of his claim for benefits and accept his claim as made; and

• any written or other material (offered as exhibits) which the claimant desires the reviewing fiduciary to examine in its review of the adverse benefit determination.

**Review on Appeal.** If a claimant files a timely appeal, the Plan shall provide a full and fair review of the adverse benefit determination in accordance with the following:

• **Free Access to Information.** Upon request, the Plan shall provide the claimant reasonable access to, and copies of, all documents, records and other information relevant to the claimant's claim. No fee may be charged for such access and/or copies.

• **Identification of Experts.** The Plan shall either (1) identify to the claimant any medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the adverse benefit determination, without regard to whether the advice was relied on in making the benefit determination or (2) notify the claimant that such identification is available upon request and free of charge.

• **Reviewing Fiduciary.** A claimant's appeal of an adverse benefit determination will be reviewed by a Plan fiduciary who is different from and not subordinate to the fiduciary who denied the claim.

• **Medical Consultation.** If the adverse benefit determination was based in whole or in part on a medical judgment, the reviewing fiduciary shall consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment and (1) was not consulted on the original claim and (2) is not subordinate to someone who was consulted on the original claim.

• **Standard of Review and Record on Appeal.** In reviewing the claimant's appeal, no deference shall be afforded to the initial adverse benefit determination and the reviewing fiduciary shall take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination.

• **Timing.** Within 45 days of the date on which the claimant's appeal request was received by the Administrator, the reviewing fiduciary shall render its decision on appeal to the claimant. If the reviewing fiduciary anticipates denying the claimant's appeal, whether in whole or in part, the Administrator must provide the information described in (i) and (ii) below to the claimant. The information must be provided as soon as possible and sufficiently in advance of the date the reviewing fiduciary is required to render its decision to provide the claimant a reasonable opportunity to review the information and submit a response. The reviewing fiduciary shall provide the claimant free of charge with:

  (i) any new or additional evidence considered, relied upon, or generated in connection with the claim by the Plan, the insurer, the reviewing fiduciary, or any other person making the benefit determination (or at the direction of the Plan, the insurer, the reviewing fiduciary, or such other person); and

  (ii) if the anticipated adverse determination is based on a new or additional rationale, the rationale for the determination.
**Denial of Appeal.** If the reviewing fiduciary decides for whatever reason to deny, whether in whole or in part, a claimant's appeal of an adverse benefit determination, the reviewing fiduciary's decision will be provided in a culturally and linguistically appropriate manner and will contain the following information:

- the specific reasons for the adverse determination;
- specific reference to pertinent Plan provisions on which the determination is based;
- a discussion of the decision, including an explanation for disagreeing with or not following:
  - the views presented by the claimant of health care professionals treating the claimant and vocational professionals who evaluated the claimant;
  - the views of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the adverse benefit determination, without regard to whether the advice was relied on in making the determination; and
  - any disability determinations made by the Social Security Administration;
- one of the following:
  - a statement that the claim denial is based on an internal rule, guideline, protocol, or other similar criterion and either (1) a copy of the specific rule, guideline, protocol, or other criterion relied upon in denying the claim or (2) a further statement that a copy of the specific rule, guideline, protocol, or other criterion relied upon in denying the claim is available upon request, free of charge; or
  - a statement that the claim denial is not based on an internal rule, guideline, protocol, or other similar criterion;
- if the claim denial is based on an exclusion or limit (such as a medical necessity requirement or an experimental treatment exclusion), either (a) an explanation of the scientific or clinical judgment, applying the terms of the Plan to the claimant's circumstances or (b) a statement that such an explanation is available upon request, free of charge;
- a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to the claimant's claim;
- a statement describing any voluntary review procedures and the claimant's right to obtain copies of such procedures; and
- a statement of the claimant's right to bring an action under ERISA Section 502(a) and a description of any applicable contractual limitation period that applies to the claimant's right to bring such an action, including the calendar date on which the contractual limitations period expires for the claim.

**ADDITIONAL LEVELS OF APPEAL**

If the Plan provides additional level(s) of appeal, the following shall apply:

- The Plan may not require a claimant to file more than 2 appeals of an adverse benefit determination prior to bringing a civil action under ERISA Section 502(a).
- If the Plan offers voluntary level(s) of appeal, the following shall apply:
  - The Plan waives any right to assert that a claimant failed to exhaust administrative remedies because the claimant did not submit a benefit dispute to any voluntary level of review provided by the Plan.
• Any statute of limitations or other defense based on timeliness is tolled during the time that a voluntary appeal pursuant to the Plan's procedures is pending.

• A claimant may only submit a benefit dispute to a voluntary level of review if the claimant has exhausted the appeals permitted above.

• The Plan provides to the claimant, upon request, sufficient information concerning the voluntary level(s) of appeal to enable the claimant to make an informed decision about whether to submit a benefit dispute to the voluntary level of appeal, including:
  • a statement that the decisions of the claimant as to whether or not to submit a dispute to the voluntary level of appeal will have no effect on the claimant's right to other benefits under the Plan;
  • information about the applicable rules;
  • the claimant's right to representation;
  • the process for selecting a decision maker; and
  • any circumstances that may affect the impartiality of the decision maker.

• No fees or costs may be imposed on the claimant as part of the voluntary level of appeal.

**BRINGING A CIVIL ACTION UNDER ERISA**

Before bringing a civil action under ERISA, a claimant must exhaust the remedies provided under the Plan's claims procedures. This means the claimant must have (1) submitted a timely claim for benefits under the Plan, (2) received notice of an adverse benefit determination, (3) filed a timely appeal, and (4) received an adverse benefit determination on appeal.

A claimant must file a civil claim within a year of receiving a final adverse determination on appeal. If a claimant does not pursue or exhaust the claims review procedures under the Plan, the 1-year period runs from the date the claimant would allegedly have become entitled to the claimed benefit.

Any civil action by a claimant must be based only on the issues identified during the administrative review process. Judicial review will be limited to the Plan document and the record developed during the administrative review process.

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