



PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND

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<http://www.ppnpf.org>

ADMINISTRATOR: TONI C. INSCOE

Plumbers & Pipefitters National Pension Fund

Notice of Changes to Summary Plan Description

The following is a Notice of Changes to the Fund's Summary Plan Description ("SPD") (Revised December 2017). You should keep this Notice with your SPD. You can review and download a copy of the SPD from the Fund's website at <http://ppnpf.org/docs/SPD.pdf>. You can also request a hard copy of the SPD by contacting the Fund Office.

1. Correction to Scrivener's Error on Page 17 of the SPD

On page 17 of the SPD, under the heading "Early Retirement Pension," the first paragraph explains how the amount of your early retirement pension is determined. It states that the amount of your early retirement pension is based on the normal pension "...reduced by one-eighth (.8) of 1% for each month that you are between ages 60 and 62 and one-half (.5) of 1% for each month that you are younger than age 60." In this sentence, the number shown in parenthesis after one-eighth is an error – it should be 0.125 not 0.8. The first paragraph is hereby corrected to read as follows:

The amount of your early retirement pension is based upon the normal pension, but reduced by one-eighth (0.125) of 1% for each month that you are between ages 60 and 62 and one-half (0.5) of 1% for each month that you are younger than age 60.
There is no reduction when you retire at age 62 or later.

2. Summary of Changes to Page 30 of the SPD (effective for claims filed on or after April 1, 2018) – Additional Rules for Certain Disability Claims

Recent amendments to Department of Labor regulations establish special procedural requirements for claims and appeals that involve disability determinations. They are effective for claims filed on or after April 1, 2018. These amendments have limited application to the Fund, affecting only those claims or appeals involving waiver of the 500-hour rule (see p. 13 of the SPD).

In general, under the amended procedures, the Fund Office will process disability claims within 45 days. This period may be extended in limited circumstances. If an extension is required, the Fund Office will notify you in advance and will explain the circumstances requiring an extension, the date by which a decision on your claim is expected, the standards upon which entitlement to the benefit is based, the unresolved issues that require the extension, and any additional information needed to resolve those issues.

If a disability claim is denied (in whole or in part), the Fund Office will notify you of the decision. The notice will include an explanation of any reason the Fund Office disagreed with a decision of the Social Security Administration or a medical and/or vocational professionals that examined or treated you.

If you appeal a decision involving a disability claim, the Fund will provide you, without charge, any new evidence it receives or considers during your appeal. You will receive this information before a decision is made on your appeal, and you will have an opportunity to respond to the information.

If your disability appeal is denied, the notice of the decision will include, among other information, an explanation of any reason the Fund Office disagreed with a decision of the Social Security Administration or a medical and/or vocational professional that examined or treated you.

Set forth below is the revised text for Page 30 of the SPD (effective for claims filed on or after April 1, 2018):

Additional Rules for Certain Disability Claims

Additional rules apply in the limited circumstances that require a disability determination made by the Fund office, Trustees, or their agents (see page 13 regarding waiver of the 500-hour rule). For such claims, the initial determination will be made within 45 days after the claim is received by the Fund office. However, this period may be extended by 30 days if the extension is necessary due to matters beyond the Fund's control. In that case, you will be notified prior to the expiration of the initial 45-day period of the circumstances requiring the extension and the date by which the Fund expects to render a decision. This notice will also explain (i) the standards on which entitlement to the benefit is based; (ii) the unresolved issues that prevent the claim from being decided; (iii) any additional information needed to decide your claim; and (iv) if additional information is necessary, you will have at least 45 days within which to provide the specified information. The Fund may require a second 30-day extension, in which case you will receive a written notice with the same information. If an extension is required because you did not provide information necessary to decide your claim, the period for making the benefit determination shall be tolled from the date on which the Fund office sends you the above notice until the date on which you respond to the request for additional information.

If your claim is denied, in whole or in part, the written notice you receive from the Fund office will contain, in addition to the other information required in a notice of claim denial as described in the previous section, either the specific rule, guideline, protocol, or other similar criterion on which the decision was based or a statement that such a criterion does not exist. The written notice will also contain, if applicable, a discussion of the Fund's basis for disagreeing with or not following (a) views presented by your treating health care professionals and/or vocational professionals who evaluated you; (b) views of medical or vocational experts whose advice the Fund obtained in connection with the benefit determination, regardless of whether the advice was relied upon in making the benefit determination; or (c) a disability determination made by the Social Security Administration.

If you receive such a notice, you may submit a written appeal to the Board of Trustees requesting that it review your benefit denial. The procedures and timelines for submitting an appeal are the same as those set forth in the previous section.

In deciding the appeal, the Trustees, or a designated committee of Trustees, will give no deference to the initial claim decision, and no Trustees reviewing your claim will have participated in the initial benefit determination or be the subordinate of any person who did participate. If the initial determination was based, in whole or in part, on a medical judgment, the Trustees shall consult a health care professional who has appropriate training and experience in the field of medicine involved and who was neither consulted as part of the initial determination nor the subordinate of such an individual. In addition, the Fund will identify any medical or vocational experts whose advice was obtained in considering your initial benefit determination.

You will be provided, free of charge, any new or additional evidence considered, relied upon, or generated by, or at the direction of, the Fund, Trustees, or any other person reviewing the benefit determination. Such information will be provided to you as soon as possible and with sufficient time to give you a reasonable opportunity to respond to such new or additional information. In addition, you will be provided the same opportunity before an adverse benefit determination on appeal may be rendered based on a new or additional rationale.

If your appeal is denied, in whole or in part, you will receive a notice containing the information described in the previous section as well as either the specific rule, guideline, protocol, or other similar criterion on which the decision was based or a statement that such a criterion does not exist. The written notice will also contain, if applicable, a discussion of the Fund's basis for disagreeing with or not following (a) views presented by your treating health care professionals and/or vocational professionals who evaluated you; (b) views of medical or vocational experts whose advice the Plan obtained in connection with the benefit determination, regardless of whether the advice was relied upon in making the benefit determination; or (c) a disability determination made by the Social Security Administration.

Conclusion

As always, if you have any questions about the above changes, or about your benefits from the Fund, please review the information available on the Fund's website, ppnpf.com, or contact the Fund Office in writing at 103 Oronoco Street, Alexandria, VA 22314 or by telephone at 1-800-638-7442.

Para obtener asistencia en Español, por favor llame a la Oficina del Fondo al 1-800-638-7442, extensión 3333. Las horas de oficina son de 8:30 AM a 4:30 PM tiempo del este, de lunes a viernes. Si tiene alguna pregunta sobre el Plan, también puede escribir al Administrador del Plan, Toni C. Inscoc, 103 Oronoco Street, Alexandria, VA 22314.

Sincerely,

The Board of Trustees of the Plumbers and Pipefitters National Pension Fund

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