

**SOUTH JERSEY ELECTRICAL WORKERS
TEMPORARY DISABILITY BENEFIT TRUST FUND**

Federal I.D. No.: 22-3424489

Effective January 1, 2019

**100 Century Parkway
Suite 260
Mt. Laurel, New Jersey 08054
Tel.: (856) 722-6777
Fax: (856) 722-6703**

Plan Administrator

**I.E. SHAFFER & CO.
830 Bear Tavern Road, PO Box 1028
West Trenton, New Jersey 08628
Tel: (800) 792-3666
Fax: (609) 883-7566**

SOUTH JERSEY ELECTRICAL WORKERS TEMPORARY DISABILITY BENEFIT FUND

The following is a brief outline of your Temporary Disability Program and benefits effective January 1, 2019.

These benefits are paid to all eligible employees during periods of disability which are not work-connected. The employer is required to pay the total cost of providing this coverage. No employee contributions are necessary.

Disability must occur while employed by a covered employer of the New Jersey Electrical Workers Temporary Disability Benefits Trust Fund or within twenty-eight (28) days of the termination of such employment providing the member remains unemployed by a subject employer during said 28 days. Bargaining employees are eligible for benefits provided they have been employed during the twenty-eight (28) days prior to becoming disabled. The Plan also covers non-bargaining employees provided their employer contributes on behalf of all non-bargaining employees based upon the rate established under the collective bargaining agreement for forty (40) hours per week.

MAXIMUM DURATION

These benefits are payable up to 26 weeks for each "PERIOD OF DISABILITY." "PERIOD OF DISABILITY" is defined under definitions in Section 43:21-27 of the New Jersey Temporary Disability Benefit Law. The benefits are payable up to a maximum of 26 weeks per a 12 month period starting from the date of the first covered disability claim.

BENEFIT AMOUNT PAYABLE

The amount payable is two-thirds of the employee's average weekly pay up to a maximum of **\$650 per week**. The weekly benefit is determined based upon the employee's average weekly earnings over the employee's most recent eight (8) week period of employment. The minimum benefit is **\$168 per week**. The benefit commences on the first day of disability due to accident and on the fourth day of disability due to sickness. If benefits are payable for three consecutive weeks or more, then benefits shall be payable from the first day of sickness.

MATERNITY BENEFITS

These benefits are payable in accordance with the guidelines of any other disability.

EXCLUSIONS

1. No benefits will be paid for a period of disability caused by accident or sickness for which benefits are payable under workmen's compensation, employer's liability law or unemployment compensation law.
2. No benefits will be paid for any period during which the employee is not under the care of a legally licensed physician, practicing psychologist, dentist, chiropractor, podiatrist or optometrist acting within the scope of his license.
3. No benefits will be paid for any period of disability due to willfully and intentionally self-inflicted injury or to injury sustained in the perpetration by the employee of "a crime of the first, second or third degree" or criminal act of any nature.
4. No benefits will be paid for any period of disability during which the employee performs any work for remuneration or profit.

CLAIMS

Claims for Temporary Disability and Supplemental Disability Benefits should be filed with:

I.E. Shaffer & Co.
830 Bear Tavern Road, P.O. Box 1028
West Trenton, New Jersey 08628
(800) 792-366

Written notices of claims must be given within 30 days after commencement of disability.

Such claim must include medical support from a physician for the Participant's claim for disability benefits. The Trustees have 45 days to decide the claim and to notify the Participant if the claim is denied in whole or in part. Under special circumstances, the Trustees may take up to an additional 30 days to review the claim if the Trustees determine that such an extension is necessary. If an extension of time is required, the Participant will be notified before the end of the initial 45-day period of the circumstances requiring the extension, and the date by which the Trustees expect to render a decision.

YOUR APPEAL RIGHTS UNDER ERISA

If your claim for disability benefits is denied, in whole or in part, you will receive a notice of denial in written form in accordance with the timeframes noted immediately above. The notice will include the following:

- The specific reason(s) for the denial;
- Reference to the specific Plan provision(s) on which the determination is based;
- A statement that the Participant 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 Participant's claim for benefits;
- A description of the Plan procedures and time limits for appeal of a benefit denial and the right to sue in federal court;
- Disclosure of any internal rule, guideline, protocol or similar criteria that was used when making the benefit denial or a statement that such information was relied upon when making the benefit denial and will be provided free of charge upon request; and
- A discussion of the decision, including an explanation of the basis for disagreeing with or not following (a) the views of health care or vocational professionals who evaluated or treated the Participant, (b) the views of medical or vocational experts whose views were presented, or (c) a disability determination made by the Social Security Administration.

If any new or additional rationale or evidence will be considered, relied upon, or generated by the Plan or other person making the benefit determination in connection with the claim, said rationale shall be disclosed or such evidence shall be provided as soon as possible and sufficiently in advance of the date on which the benefit determination is required to be issued and you must be given a reasonable opportunity to respond to such new or additional rationale or evidence prior to that date.

Upon request, the Trustees will provide you with a statement identifying those medical or vocational experts whose advice was obtained in connection with the appeal.

The Trustees will provide a benefit denial notice in a non-English language, if your address is in a county where 10 percent (10%) or more of the population is literate only in the same non-English language, benefit denial notices will include a prominent statement in the relevant non-English language about the availability of language services.

If a claim is denied by the Plan and you disagree with the decision and/or have information which warrants reconsideration by the Plan, you must appeal the denial and send a written appeal, describing his reasons for disagreeing with the denial, along with

such information to the South Jersey Electrical Workers Temporary Disability Benefit Trust Fund, c/o I. E. Shaffer & Co., PO Box 1028, West Trenton, NJ 08628, with a copy sent to the Disability Insurance Service, Bureau of Private Plans, CN 957, Trenton, New Jersey 08625-0957. If you fail to file a written appeal within the applicable time period the claim will be deemed permanently waived and abandoned.

You must submit all documents and written arguments you want considered within the appeal. Upon request, the Trustees will identify any medical or vocational experts it consults.

The Trustees have 30 days to make a decision on your appeal and to notify you if the denial claim is upheld. Under special circumstances, the Trustees may take up to an additional 30 days to review an appeal if determined that such an extension is necessary. If an extension of time is required, you will be notified before the end of the initial 30-day period of the circumstances requiring the extension and the date by which the Trustees expect to render a decision.

If your appeal is denied, the notice of the appeal denial will be in the same form as the original notice of denial and contain the same information.

Before commencing legal action to recover benefits or to enforce or clarify rights, you must completely exhaust the claims procedure for this Plan. A Participant who has exhausted these procedures and is dissatisfied with the decision on appeal of a denied claim may bring an action under Section 502 of ERISA to review the decision on appeal, but only if the action is commenced no later than 1 year from the date of the final written denial issued by the Trustees. Any action brought after 1 year is barred. Any action brought against the Plan by a Participant may only be brought in the United States District Court for the District of New Jersey.

PLEASE TAKE FURTHER NOTICE, No Temporary Disability Benefit will be paid after the maximum period of available benefits has been paid to an eligible participant and no benefits will be paid unless and until required claim forms are submitted.

YOUR RIGHTS UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (“ERISA”)

As an employee eligible under the South Jersey Electrical Workers’ Temporary Disability Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). ERISA states that all eligible employees will be entitled to:

- Examine without charge at I.E. Shaffer & Company, 830 Bear Tavern Road, PO Box 1028, West Trenton, NJ 08628, all Plan documents including collective bargaining agreements and copies of all such documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and descriptions of the Plan.
- Obtain copies of all Plan documents and other Plan information upon written request to the Board of Trustees. The Trustees may make reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Trustees are required to furnish every participant with a copy of this summary.

The Trustees and anyone else with responsibility for managing or operating the Plan have certain obligations under the law. These "fiduciaries" must operate the Plan prudently and in the interests of you and other Plan Participants and beneficiaries. You have a right to get your benefits under the provision of the Plan and under ERISA. No one, whether employer, union or anyone else, can discriminate against you because you pursue your rights.

If your claim for a benefit is denied, in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Trustees review and reconsider your claim.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within thirty (30) days, you may file suit in a federal court. In such a case, the court may require the Board of Trustees to provide the materials and pay you up to \$110.00 a day until you receive them unless the materials were not sent because of reasons beyond the control of the Trustees. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may file suit in a federal court. 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 IT FINDS YOUR CLAIM FRIVOLOUS.

If you have any questions about the Plan, this statement, or your rights under ERISA please contact:

Board of Trustees
South Jersey Electrical Workers
Temporary Disability Benefit Fund
c/o I.E. Shaffer & Co.
830 Bear Tavern Road, PO Box 1028
West Trenton, New Jersey 08628
(800) 792-3666

You may also direct any such questions to 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, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, 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.

**ADDITIONAL INFORMATION REQUIRED BY THE
EMPLOYEE RETIREMENT INCOME
SECURITY ACT OF 1974 (“ERISA”)**

1. The name, address and telephone number of the Plan:

South Jersey Electrical Workers Temporary Disability Fund
c/o I.E. Shaffer & Co.
830 Bear Tavern Road, PO Box 1028
West Trenton, New Jersey 08628
(800) 792-3666

2. The type of Plan:

A Temporary Disability Benefit Plan.

3. The type of administration of the Plan:

Collectively Bargained Jointly-Trusteed Labor-Management Trust

4. Name and address of the person designated as agent for the service of legal process:

Jon Levine
c/o I.E. Shaffer & Co.
830 Bear Tavern Road, PO Box 1028
West Trenton, New Jersey 08628
(800) 792-3666

In addition, service of legal process may be made upon an individual Trustee.

5. Name and Address of the Plan Administrator:

Jon Levine
c/o I.E. Shaffer & Co.
830 Bear Tavern Road, PO Box 1028
West Trenton, New Jersey 08628
(800) 792-3666

The Board of Trustees acts as the administrator.

6. Names and addresses of the Board of Trustees:

Employer Trustees

Union Trustees

Thomas J. Peterson
Parson Associates Electrical
Contractors
220 Davis Road
Magnolia, NJ 08049

Daniel Cosner
IBEW Local Union 351
P.O. Box 1118
Hammonton, NJ 08037-5118

Jeffrey Houde
Delta Line Construction
7 Robert Best Road
Egg Harbor, NJ 08234

William Hosey
IBEW Local Union 351
P.O. Box 1118
Hammonton, NJ 08037-5118

Joseph A. Knecht, Jr.
NECA
100 Century Blvd., Suite 260
Mt. Laurel, NJ 08054

Stephen Aldrich
IBEW Local Union 269
670 Whitehead Road
Trenton, NJ 08648

7. A description of the relevant provision of any applicable collective bargaining agreement:

The collective bargaining agreement between IBEW Local No. 269 and IBEW Local No. 351 and the Southern New Jersey Chapter NECA provides for hourly contributions to the Plan. A copy of the collective bargaining agreement may be obtained upon written request by a Participant to the Plan Administrator and is available for examination at Local Union No. 269 and Local Union No. 351.

8. Source of financing of the Plan and identity of any organization through which benefits are provided:

Payments made to the Plan by the Contributing Employers are in accordance with the collective bargaining agreements. Benefit payments are provided directly from the assets of the Plan which are accumulated under the provisions of the collective bargaining agreement and the trust agreement and held in a trust fund, known as South Jersey Electrical Workers Temporary Disability Benefit Trust Fund, for the purpose of providing benefits to Covered Participants.

9. Date of the end of the fiscal year:

December 31st

10. Internal Revenue Service Plan Identification Number:
- 501
11. Remedies available under the Plan for the redress of claims which are denied in whole or in part, including provisions required by Section 503 of the Employee Retirement Income Security Act of 1974 (“ERISA”):
- (a) Upon making an application for benefits, a review of eligibility status will be made by the Administrator. Any claimant whose claim has been denied as the result of not meeting the eligibility rule may make a request, in writing, for a review of his eligibility status.
- (b) The claimant must file his request for review in writing stating clearly the reason or reasons for his disagreement as to the denial of his claim. The letter should be directed to:

South Jersey Electrical Workers Temporary Disability Benefit Fund
c/o I.E. Shaffer & Co.
830 Bear Tavern Road, PO Box 1028
West Trenton, New Jersey 08628

The request for the review of the claim should be made within sixty (60) days of the date the claim is denied for payment. Upon receipt of the request for reconsideration, the Trustees or an agent appointed by the Trustees shall review all matters pertaining to the request. The Claimant shall be notified promptly of the findings, but not later than sixty (60) days after his request for review.

IMPORTANT

THE FOREGOING SUMMARY OF THE PLAN THAT APPEARS IN THIS BOOKLET IS INTENDED TO PROVIDE ELIGIBLE EMPLOYEES WITH INFORMATION ABOUT THE IMPORTANT FEATURES OF THE PLAN. THE ACTUAL PLAN DOCUMENT WHICH IS ALSO PART OF THIS BOOKLET IS THE FINAL WORD ON ELIGIBILITY FOR BENEFITS, AMOUNTS OF BENEFITS, FILING REQUIREMENTS, ETC. AND WILL PREVAIL IF THERE IS ANY INCONSISTENCY BETWEEN THE PLAN DOCUMENT AND THE SUMMARY. THE FULL PLAN DOCUMENT IS AVAILABLE AT THE FUND OFFICE.