

SUMMARY PLAN INFORMATION PREPARED FOR CONTRIBUTING EMPLOYERS AND EMPLOYEE REPRESENTATIVES OF MULTIEMPLOYER PLANS

INTRODUCTION

This notice includes important information regarding the IBEW Local Union 400 Pension Plan (“the Plan”). Federal pension law requires the Administrator of a multiemployer pension plan to furnish summary plan information to contributing employers and employee representatives. This notice is for the plan year beginning April 1, 2020 and ending March 31, 2021 (the “Plan Year”).

Under federal pension law, the Administrator of any employee benefit plan must file an annual report (Form 5500) for a given plan year by the last day of the seventh month after the close of such year with the Secretary of the Department of Labor. The filing of the annual report may be extended. Federal law further requires the Administrator of any multiemployer pension plan to furnish summary plan information from the annual report to each employee organization and to each employer with an obligation to contribute to the Plan, within 30 days after the date the Plan’s annual report is due.

SUMMARY PLAN INFORMATION

The following is the Summary Plan Information for the IBEW Local Union 400 Pension Plan.

Contribution Schedules and Benefit Formulas

The following is a description of the contribution schedules and benefit formulas under the Plan, as well as any modification to such schedules and formulas, during the Plan year.

Employer Contribution Rate Schedule:

Effective	Rate
4/1/2020 - 3/31/2021	18.5% of gross labor payroll

Benefit Formula:

A lifetime monthly benefit payable for life starting at normal retirement age equal to \$100 per month for each year of credited service (\$32.43 per month for sign employees, BA maintenance and fixture maintenance employees) and \$54.05 for teledata employees.

Employer Information

The total number of employers that were obligated to contribute to the Plan during the Plan Year was 175.

The following is a list of the employers that contributed more than five (5) percent of the total contributions to the Plan during the Plan year.

SIX FLAGS GREAT ADVENTURE
SODONS ELECTRIC INC
ABG ELECTRIC CO INC

Participant Information

The total number of participants under the Plan on whose behalf no contributions were made by an employer as an employer of the participant for the Plan Year and for each of the 2 preceding Plan Years was:

- Plan Year beginning 4/1/2020 712 participants
- Plan Year beginning 4/1/2019 679 participants
- Plan Year beginning 4/1/2018 678 participants

Critical or Endangered Status

Under federal pension law a pension plan generally will be considered to be in “endangered” status if, at the beginning of the plan year, the funded percentage of the plan is less than 80 percent or in “critical” status if the percentage is less than 65 percent (other factors may also apply). If a pension plan enters endangered status, the trustees of the plan are required to adopt a funding improvement plan. Similarly, if a pension plan enters critical status, the trustees of the plan are required to adopt a rehabilitation plan. Rehabilitation and funding improvement plans establish steps and benchmarks for pension plans to improve their funding status over a specified period of time.

The Plan was not in critical or endangered status in the Plan Year.

Employer Withdrawal

The total number of employers that withdrew from the Plan during the preceding plan year was 0.

The total aggregate amount of withdrawal liability assessed, or estimated to be assessed, against the aforementioned withdrawn employers, as reported in the annual report for the Plan Year is \$0.

Extension of Amortization Period

The Plan has not sought/received an amortization extension under federal pension law's prescribed requirements. An approved extension extends the period of time required to amortize any unfunded Plan liabilities.

The Plan has not used the shortfall funding method for the Plan Year.

Right to Request Information

You have the right to a copy of the annual report (Form 5500) filed with the Secretary of the Department of Labor, summary plan description, and summary of any material modification of the plan, upon written request, but in no case shall you be entitled to receive more than one copy of any such document described during any one 12-month period. The Administrator may make a reasonable charge to cover copying, mailing, and other costs of furnishing copies of the aforementioned information. Your request should be in writing and addressed to:

I. E. Shaffer & Co.
830 Bear Tavern Road, PO Box 1028
West Trenton, NJ 08628

For identification purposes, the plan's employer identification number or "EIN" is 22-6257847.