

Change to the Plan's Claim Appeal Process

Please be advised of the following Plan amendment:

Effective January 1, 2011, in order to appeal a decision on a claim, the Member must present in writing to the Trustees of the Plan, a request to have his or her claim reviewed. The request must be sent to the Administrator of the Plan at the Plan's address and must be postmarked or signed for within **90 days** of the date on which the claim was denied or settled in a manner unsatisfactory to the Member. Requests received after this time period will be denied.

The Trustees will consider extensions of the 90 day appeal period **only if a request is received in writing** from the Member within the 90 day period. The written request should be addressed to the Trustees and must provide the reasons that the extension is required.

Prior to January 1, 2011 the Plan provided a 120 day period.