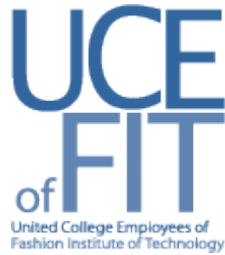


**UNITED COLLEGE EMPLOYEES
OF FASHION INSTITUTE
OF TECHNOLOGY
WELFARE TRUST FUND**

BENEFIT BOOKLET

January 2019

RETIREE MEMBERS' BENEFITS



WELFARE TRUST FUND

**United College Employees
Of
Fashion Institute of Technology
Welfare Trust Fund**

TRUSTEES

Ellen Lynch, Chairperson

Paul Clement, Secretary
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**ACTUARIAL AND BENEFITS CONSULTANT/THIRD PARTY
ADMINISTRATOR**

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HIGHLIGHTS OF YOUR BENEFITS

ease refer to the applicable sections of this booklet for a detailed description of the following benefits)

Dental Benefits:

Maximum coverage of \$3,000 per Individual \$6,000 per family per calendar year based on the Fund's dental schedule.

Effective January 1, 2013, there is a \$50 deductible per covered individual. The annual deductible is waived for diagnostic and preventive services.

Optical Reimbursement Benefits:

The Fund provides an optical benefit allowance of up to \$100.00 on a rolling 12 month basis per covered eligible individual.

Hearing Aid Reimbursement Benefits:

The Fund provides a hearing aid benefit allowance (for both ears) of up to \$500.00 on a rolling 5-year basis.

Optional Rider Reimbursement Benefit:

The Fund reimburses up to \$600 annually per eligible retiree who purchases a City optional rider to their basic City health insurance.

Health Advocate Program

The Fund provides a Health Advocate Program designed to help you and your family handle healthcare and insurance related issues by cutting through the red tape and barriers that so often create frustration and problems.

Legal Services Plan:

The Fund provides a comprehensive legal services plan, which stresses the "preventative medicine" approach to provide accessibility to counsel for all members.

GENERAL INFORMATION

WHO IS COVERED

A. Retirees not in a Tier III or Tier IV Pension

You are eligible to be covered by the UCE of FIT Welfare Trust Fund benefits plan for retirees, if all of the following criteria are met:

1. You retired from employment from the Fashion Institute of Technology; and
2. You are receiving a pension check from a retirement system maintained by the NYSTRS or SUNY ORP; and you have certified in writing that (1) you have applied to receive a benefit under an approved FIT employee retirement plan or (2) it has been determined by the retirement plan that you are entitled to receive such a benefit; and
3. You were covered by the UCE of FIT Welfare Trust Fund immediately prior to your retirement; and
4. You are not currently employed by the Fashion Institute of Technology or any other employer; in a position that entitles you to benefits under the UCE of FIT Welfare Trust Fund.

B. Retirees in a Tier III or Tier IV Pension

If you are a vested retiree in a Tier III or Tier IV Pension, you are not eligible to receive benefits from the UCE of FIT Welfare Trust Fund until you reach age 62. However, upon retirement, you may continue your active benefits through the Fund subject to your payment of a semi-annual self-pay contribution, equivalent to the annual contribution paid by the Fashion Institute of Technology on behalf of each covered active member until attaining the age of 62.

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ELIGIBILITY

A. Members

In general, retired members as defined in the section entitled “WHO IS COVERED”, are eligible to receive Fund benefits on the date they meet the criteria specified in that section.

B. Dependents

Dependents of eligible retirees are defined below and are eligible for certain benefits.

Dependents are defined by the Fund as follows:

1. ***Spouse*** – The lawful wife or husband of the member.
2. ***Domestic Partners,***
A member’s domestic partner is defined by appropriate Executive Order of the City of New York:

You must provide an enrollment form and a Domestic Partner Certificate from the City to the Fund office to enroll your domestic partner for Fund coverage. A qualified Domestic Partner becomes eligible on the date the foregoing documents are submitted to the Fund office.

The Fund will also accept a Domestic Partner Certificate from a jurisdiction other than New York City that has a domestic partner registry.

If you do not live in a jurisdiction, which recognizes domestic partners, you may still enroll your domestic partner with the Fund, by obtaining a Domestic Partnership Affidavit/Enrollment Form from the Fund office, completing it and returning it to the Fund office with the necessary supporting documents.

GENERAL RULES REGARDING COVERAGE

Enrollment

To receive benefits, you must have completed a UCE of FIT Welfare Trust Fund Enrollment Form. The Enrollment Card provides the Fund with necessary basic information: your name, address, Social Security number, birth date, marital status, etc.

All correspondence addressed to the Fund must contain the member’s name and address. Please notify the Fund Office, in writing, of any changes of name, address, etc. Maintenance of current records assures efficient processing of your claim and prompt receipt of your benefits.

Appeals to the Board of Trustees

The Board of Trustees of the UCE of FIT Welfare Trust Fund adopts rules and regulations for the payment of benefits and all provisions of this plan are subject to such rules and regulations and to the Agreement and Declaration of Trust, which established the Fund and governs its actions.

A covered member may request a review of action taken by the Fund Office in accordance with the rules pertaining to appeals on page 13 of this booklet

HOW TO ENROLL

Upon retirement, you must complete a Fund Enrollment Form available from the Fund Office (B902). When you have a change of address, marital status, or dependent status, you must file with the Fund office a Change of Address, Marital Status, and Dependent Card, also available from the Fund office.

Upon divorce, legal separation or dissolution of a domestic partnership you must file a Change of Address, Marital Status, and Dependent Card deleting your spouse or domestic partner. When enrolling dependents, you must attach to the Fund Enrollment Card or Change of Address, Marital Status, and Dependent Card photocopies of documentation verifying dependent status/legal guardianship. The Fund reserves the right to request documentation verifying the bona fide relationship of any dependent (e.g. a birth certificate or a marriage certificate).

WHEN DOES COVERAGE BEGIN Your coverage begins on the date you meet the criteria specified in the section of this booklet entitled “**WHO IS COVERED**”.

Dependents become eligible on the same date as you, or if added later, on the date they first become eligible dependents and are duly enrolled.

IN ORDER FOR YOUR ELIGIBLE DEPENDENTS TO BE COVERED BY THE FUND, YOU MUST ALSO SUBMIT COPIES OF THE FOLLOWING APPLICABLE DOCUMENTS WITH YOUR FUND ENROLLMENT FORM:

1. Marriage Certificate
2. Domestic Partner Registration Certificate or Affidavit
3. Birth Certificate or proof of legal guardianship

HOW TO OBTAIN CLAIM FORMS

Dental, optical and hearing aid claim forms may be obtained through the UCE website at www.uce-fit.org, or by calling (212) 217-3370 or visiting the Fund Office (B902), or by calling the Fund’s Third Party Administrator, Seneca Consulting Group, at 1-866-487-4157.

NON-DUPLICATION OF BENEFITS

Under this rule a retiree cannot be covered both as a member and as a dependent of another active or retired member at the same time. Therefore, if your spouse or domestic partner also works for the College or is covered by the Fund as a retired member, each must enroll separately:

Please note, only one of you may cover your dependent children.

AMENDMENT AND TERMINATION OF BENEFITS

The benefits provided by this Fund may, from time to time, be changed, modified, augmented or discontinued by the Board of Trustees. The Board of Trustees adopts rules and regulations for the payment of benefits and all provisions of this booklet are subject to such rules and regulations and to the Trust Agreement, which established the Fund and governs its operations.

Your coverage and your dependents' coverage will stop on the earliest of the following dates:

When the Fund is terminated.

When you are no longer eligible.

Your dependents' coverage will also terminate when they are no longer eligible dependents.

Member benefits under this plan have been made available by the Trustees and are always subject to modification or termination in the exercise of the prudent discretion of the Trustees. No person acquires a vested right to such benefits. The Trustees may expand, modify or cancel the benefits for members and dependents; change eligibility requirements or require the payment of self-pay premiums by covered members in an amount established by the Trustees; and otherwise exercise their prudent discretion at any time without legal right or recourse by a member or any other person.

RIGHT TO APPEAL

The benefits provided by this Fund may be changed by the Board of Trustees in their sole and absolute discretion. The Board of Trustees adopts rules and regulations for the payment of benefits and all provisions of this booklet are subject to such rules and regulations and to the Trust Agreement, which established and governs the Fund operations.

All rules are uniformly applied by the Fund office. The action of the Fund office is subject only to review by the Board of Trustees. A member or beneficiary may request a review of action by submitting notice in writing to the Board of Trustees within sixty (60) days of the decision being denied:

**United College Employees of Fashion Institute of Technology Welfare Trust Fund
227 W27th Street Room B902 New York, New York 10001**

The Trustees shall act on the appeal within a reasonable period of time and render their decision in writing, which shall be final and conclusive and binding on all persons.

RIGHT TO RECOUP BENEFIT PAYMENTS MADE IN ERROR OR TO

SUSPEND BENEFITS COVERAGE

The Fund has the right to recoup overpayments that were made as a result of an error in the processing of a claim, or, if additional information comes to the attention of the Fund after the claim has been paid. Furthermore, the Fund has the right to suspend one or more benefits if you have received overpayments or have in any way abused the Fund's benefit program.

If the Fund finds it has overpaid you, or on behalf of an otherwise ineligible dependent, for a particular benefit, it has the right to recoup the excess amount from you. The Fund may bill you for overpayments made, and/or, it may also reduce future benefit payments to offset the overpaid amounts or it may suspend your benefits until the overpayment is recouped.

NOTICE OF PRIVACY PRACTICES

A federal law, the Health Insurance Portability and Accountability Act, ("HIPAA"), requires the United College Employees of Fashion Institute of Technology Welfare Trust Fund ("the Fund") to protect the confidentiality of your private health information. A complete description of your rights under HIPAA can be found in the Fund's privacy notice, which was previously distributed to all members and is distributed to all new members upon enrollment and which is available from the Fund office.

The Fund will not use or further disclose information that is protected by HIPAA ("protected health information"), except as necessary for treatment, payment, operations of the Fund, or as permitted or required by law. By law, the Fund has required all business associates to also observe the Fund's privacy rules. In particular, the Fund will not, without authorization, use or disclose protected health information for employment-related actions and decisions.

CONTINUATION OF COVERAGE *Under Cobra*

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation can become available to you and to other members of your family who are covered under the Fund when you would otherwise lose your group health coverage. COBRA continuation coverage for the Fund is administered by the Fund Administrator, Seneca Consulting Group, Inc. located at 68 South Service Road, Suite 100, Melville, New York 11747, tel. (1-866) 487-4157.

COBRA continuation coverage is a continuation of Fund coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed later in this notice. COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” A qualified beneficiary is someone who will lose coverage under the Fund because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, domestic partners, and dependent children of employees may be qualified beneficiaries. Under the Fund, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage. You or your dependents will be required to pay the necessary premium for the following benefits:

- **Dental Benefit Plan**
- **Optical Benefit Plan**
- **Hearing Aid Benefit Plan**
- **Optional Rider Reimbursement**

1. If you are the spouse of a covered retiree, you will become a qualified beneficiary if you will lose your coverage under the Fund because any of the following qualifying events happens:
 1. your spouse or domestic partner dies;
 2. your spouse becomes or domestic partner
 3. enrolls in Medicare (Part A, Part B, or both); or

2. You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose coverage under the Fund because any of the following qualifying events happens:

1. **The parent/retiree dies;**
2. **The parent/retiree becomes enrolled in Medicare (Part A, Part B, or both); The parents become divorced or legally separated; or**
3. **The child stops being eligible for coverage under the Fund as a “dependent child.”**

Sometimes filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the Fashion Institute of Technology, and that bankruptcy results in the loss of coverage of any retiree covered under the Fund, the retiree is a qualified beneficiary with respect to the bankruptcy. The retiree's spouse, surviving spouse, domestic partner will also be qualified beneficiaries if bankruptcy results in the loss of their coverage under the Fund.

The Fund will offer COBRA continuation coverage to qualified beneficiaries only after the Fund Administrator has been notified that a qualifying event has occurred. When the qualifying event is the commencement of a proceeding in bankruptcy with respect to the retiree, the employer must notify the Fund Administrator of the qualifying event within 30 days of any of these events.

For the other qualifying events (divorce or legal separation of the retiree and spouse, domestic partner losing eligibility for coverage as a dependent child), YOU must notify the Fund Administrator. The Fund requires you to notify the Fund Administrator within 60 days after the qualifying event occurs. You must send this notice to the, Fund Administrator. In the event of death, a copy of the death certificate must be provided. In the event of enrollment in Medicare, you must send a copy of the Medicare card. In the event of divorce, you must send a copy of the divorce judgment. In the event of legal separation, you must send a copy of the Court Order of Separation.

Once the Fund Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date of the qualifying event or on the date that Fund coverage would otherwise have been lost, if later.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the retiree, enrollment of the retiree in Medicare (Part A, Part B, or both), your divorce or legal separation, termination of a domestic partnership or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

If You Have Any Questions

If you have any questions about your COBRA continuation coverage, you should contact the Fund Administrator or you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website at www.dol.gov/ebsa.

Keep the Fund Informed of Address Changes

In order to protect your family's rights, you should keep the Fund Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Fund Administrator.

HEARING AID COVERAGE

Retired members, and their enrolled spouses/domestic partners as defined in the General Information section of this booklet, are eligible to utilize this benefit once every 5 years.

Non-Participating Providers:

The Fund will pay up to \$500.00 towards the purchase of a hearing aid device.

Procedure

1. The need for a hearing aid must be prescribed by a physician or audiologist.
2. Member must return to the Fund office, or it's Third Party Administrator, a completed hearing aid reimbursement claim form with a copy of the receipt for the hearing aid. Claim forms may be obtained at the Fund office, from the Third Party Administrator, or through the Welfare Fund's Web site: www.uce-fit.org.

DENTAL PLAN

WHO IS COVERED:

All eligible members and dependents as defined in the “General Information are covered for dental benefits.

PLAN MAXIMUMS:

Dental - \$3,000 per covered individual in a calendar year.

Orthodontics – \$2,220 lifetime maximum benefit per covered individual. Coverage includes up to a maximum of 24 months of active treatment at the scheduled reimbursement and 9 months of passive treatment at the scheduled reimbursement. Benefits for Orthodontic treatment are included in the annual maximum.

ANNUAL DEDUCTIBLE:

Effective January 1, 2013, there is a \$50 deductible per covered individual. The annual deductible is waived for diagnostic and preventive services.

COVERED EXPENSES:

Covered Expenses include charges incurred for the performance of Dental Services provided for in the **UCE of FIT WELFARE TRUST FUND Dental Schedule**, when the Dental Service is performed by or under the direction of a duly licensed Dentist, is essential dental care, and begins and is completed while the individual is covered for benefits. A copy of the **Dental Schedule** can be obtained on the www.asonet.com website.

A Dental Service is deemed to start when the actual performance of the service starts except that:

- for fixed bridgework and removable dentures, it starts when the first impressions are taken and/or abutment teeth are prepared;
- for a crown, it starts on the first date of preparation of the tooth involved;
- for root canal therapy, it starts when the pulp chamber of the tooth is opened.

HOW TO FILE A CLAIM:

After dental work is performed, have your Dentist complete all items in the Dentist Information portion of the Claim Form and list the procedures, dates of services and charges and sign in the space provided for Dentist signature. You

should then complete all items in the Member Information portion. Be sure to include spouse and dependent information. Completed claim forms, with x-rays and other attachments, should be sent to:

**S.I.D.S. / A.S.O., Dept.13
P.O. Box 9005
Lynbrook, NY 11563
516-396-5500/718-204-7172**

Claim Forms are available from the Fund Office S.I.D.S/A.S.O. You can also obtain claim forms from the S.I.D.S. website at www.asonet.com. Dental claims must be filed within 12 months after the date of service. Claims filed later than 12 months from the date of service will not be reimbursed. If you would like the payment made directly to your Dentist, you may do so by signing the "Authorization to Assign Benefits" box on the claim form. Reimbursement will be at the rate of 100% of the fees listed in the **Schedule of Covered Dental Expenses**, not to exceed actual Dentists charges.

EXTENSION OF BENEFITS:

An expense incurred in connection with a Dental Service that is completed after a person's benefits cease will be deemed to be incurred while that person was eligible if:

- for crowns, fixed bridgework and full or partial dentures, a Pre-treatment Review Estimate was issued and impressions were taken and/or teeth were prepared while that person was an eligible beneficiary and the device was installed or delivered within one month after that person's eligibility terminated.
- for root canal therapy, the pulp chamber of the tooth was opened while that person was eligible for benefits and the treatment was completed within one month after that person's eligibility terminated.

There is no extension for any dental service not indicated above.

PRE-TREATMENT REVIEW:

This process is intended to inform you and your dentist, in advance of treatment, what benefits are provided by the Dental Program. It enables you to obtain full knowledge of the operation of your dental plan prior to undertaking treatment and incurring expenses. A Claim Form for Pre-treatment Review Estimate should be filed by your Dentist if the course of treatment prescribed for you is expected to cost more than \$500 in a 90 day period and/or includes any of the following services: crowns, bridges, dentures, laminate veneers or periodontal surgery. The Dentist should complete the claim form, describing

the planned treatment and the intended charges before starting treatment. Complete your part of the form and mail it together with the necessary x-rays and other supporting documentation to:

**S.I.D.S. / A.S.O., Dept.13
P.O. Box 9005
Lynbrook, NY 11563
www.asonet.com**

S.I.D.S. / A.S.O. will review the proposed treatment and apply the appropriate Plan provisions. You and your Dentist will receive a report showing the exact amount the Plan will pay for each procedure. If there is a disallowance, it will be indicated and an explanation will be provided. Discuss the treatment plan and the benefits payable with your Dentist. If you receive a Pre-treatment Review Estimate for a proposed course of treatment that was submitted by one Dentist, that Pre-Treatment Review Estimate will remain valid if you elect to have some or all of the work done by another Dentist. The Pre-Treatment Review Estimate will be honored for one year after issuance.

Please be aware that a Pre-treatment Review Estimate is not a promise of payment. Work must be done while you are still covered by the Fund for benefits (except where there is an Extension of Benefits) and no significant change occurred in the condition of your mouth after the Pre-Treatment Review Estimate was issued. Payment will be made in accordance with plan allowances and limitations in effect **at the time services are provided.**

ALTERNATE BENEFITS PROVISION:

Due to the element of choice available in the treatment of some dental conditions, there may be more than one course of treatment that could produce a suitable result based on accepted dental standards. In these instances, although you may elect to proceed with the original treatment plan, reimbursement allowances will be based on a less expensive Alternate Course of Treatment. This should in no way be considered a reflection on your treating dentist's recommendations. By using the Pre-Treatment Review Estimate procedures you and your Dentist can determine, in advance, what benefits are available for a given course of treatment. If the course of treatment has already begun, or has been completed without a Pre-Treatment Review Estimate, the benefits paid by the Dental Plan may be based on the less expensive treatment.

COSMETIC LIMITATION:

Where there is more than one method of restoring a decayed or fractured tooth, one of which may result in a more aesthetic restoration than others, payment will be based on the least costly professionally acceptable treatment option.

EXPENSES NOT COVERED:

Covered Expenses will not include, and no payment will be made for, expenses incurred for:

1. treatment solely for the purpose of cosmetic improvement.
2. replacement of a lost or stolen appliance.
3. replacement of a bridge, crown or denture within five years after the date it was originally installed.
4. replacement of a bridge, crown or denture which is or can be made usable according to common dental standards.
5. procedures, appliances or restorations (except full dentures) whose main purpose is to:
 - a) change vertical dimension; or
 - b) diagnose or treat conditions or dysfunctions of the temporomandibular joint; or
 - c) stabilize periodontally involved teeth or multiple bridge abutments.
6. multiple bridge abutments.
7. a bridge or denture that replaces a tooth that was missing when the individual became eligible for dental benefits under this plan.
8. a surgical implant of any type except for any prosthetic device attached to an implant which is covered subject to the limitations described under "Implantology" below.
9. dental services that do not meet common dental standards.
10. services not included as Covered Dental Expenses in the UCE of FIT Welfare Trust Fund Dental Schedule.
11. services for which benefits are not payable according to the "General Limitations" section.

GENERAL LIMITATIONS:

No payment will be made for expenses incurred for you or any one of your Dependents:

1. for or in connection with services or supplies resulting from an accidental injury and which are deemed to be the responsibility of a third party.
2. for or in connection with an injury arising out of, or in the course of, any employment for wage or profit.
3. for or in connection with a sickness which is covered under any workers compensation or similar law.
4. for charges made by a hospital owned or run by the United States Government unless there is a legal obligation to pay such charges whether or not there is any insurance.
5. to the extent that payment is unlawful where the person resides when the expenses are incurred.
6. for charges which would not have been made if the person had no

insurance, including services provided by a member of the patient's immediate family.

7. to the extent that they are more than Reasonable and Customary Charges.
8. for charges for unnecessary care, treatment or surgery.
9. to the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program.
10. for or in connection with experimental procedures or treatment methods not generally accepted in the industry.
11. for any services covered under a "No Fault" policy.

GUARDED PROGNOSIS LIMITATION:

If, in the opinion of the claims administrator, the longevity of the proposed or rendered treatment is limited, payment may be made in accordance with Plan provisions. However, any future benefits for additional services may be affected.

IMPLANTOLOGY:

Payment for a prosthetic device that is attached to one or more implants will be based on benefit allowances that would be paid if no implant was placed. Implants are not a covered benefit.

Self-Insured Dental Services Participating Dental Program

This feature of your dental plan is designed to substantially reduce or eliminate the non-reimbursed portion of your dental bill. Since usual and customary dental charges generally exceed Dental Plan reimbursements, you will realize a significant savings in the cost of your dental care when you use a participating provider.

When you use a participating provider you will not incur any out-of-pocket expenses except in the following instances:

1. For services that are listed in the Schedule but for which the Plan will not pay, e.g.:
 - a) where dental plan benefits exceed maximums.
 - b) where procedure frequency limitations have been met.
 - c) to satisfy the deductible, where applicable.

In these instances, the participating dentist's fees may not exceed the Maximum Charges as stated in the Schedule.

2. For non-covered services (there are a few procedures not covered by the Plan), you are not to pay more than the dentist's usual and customary fee for that service.

You should be aware that although several dentists may practice at the same location, only the dentist whose name appears on the list is a UCE of FIT Welfare Trust Fund Participating Dentist.

SELECTING A DENTIST:

There are no restrictions on the use of a participating dentist. You are free to select the dentist or dental specialist of your choice. And of course, each family member may select his or her own dentist. You may utilize the services of a participating specialist whether or not you utilize the services of a participating general dentist for your routine care. You may change your dentist at any time for any reason. It is important to understand that the Fund does not recommend or endorse any particular dentist. You are responsible to select the dentist of your choice, participating or non-participating, and you should exercise the same care and apply the same criteria in selecting a participating dentist that you would in selecting a non-participating dentist.

SCHEDULING AN APPOINTMENT:

After selecting a dentist from the directory, call the dental office for an appointment. Identify yourself as an eligible member of the UCE of FIT Welfare Trust Fund when scheduling your appointment. **Due to the fact that there are occasional additions and deletions, please verify that the dentist is still participating when scheduling your appointment. If you have any questions, please contact Self-Insured Dental Services at: 516-396-5500 / 718-204-7172. Please feel free to access their web site at www.asonet.com.**

ALTERNATE BENEFITS PROVISION

Due to the element of choice available in the treatment of some dental conditions, there may be more than one course of treatment that could produce a suitable result based on accepted dental standards. In these instances, although you may elect to proceed with the original treatment plan, reimbursement allowances will be based on a less expensive Alternate Course of Treatment. This should in no way be considered a reflection on your treating dentist's

recommendations. By using the Pre-Treatment Review Estimate procedures you and your dentist can determine, in advance, what benefits are available for a given course of treatment. If the course of treatment has already begun, or has been completed without a Pre-Treatment Review Estimate, the benefits paid by the Dental Plan may be based on the less expensive treatment.

OPTICAL REMBURSEMENT PLAN

The Fund's optical reimbursement plan is administered by its Third Party Administrator, Seneca Consulting Group, Inc. located at 68 South Service Road, Suite 100, Melville, New York 11747, tel. (1-866) 487-4157.

Who is Covered

Retired members, and their enrolled spouses/domestic partners/dependents as defined in the General Information section of this booklet, are covered for optical benefits.

What are the Benefits

Under the optical reimbursement plan, the Fund pays a benefit allowance of up to \$100.00 on a rolling 12 month basis for each member and eligible dependent that receives the following services, which must be rendered by the licensed optometrist or ophthalmologist of your choice:

- Eye examinations
- Lenses and or contacts
- Frames

Limitations

Charges in excess of above allowance are the responsibility of the member.

How to Obtain Benefits

1. To apply for benefits you must obtain an Optical claim form from the Fund Office, B902 or you may call Seneca Consulting Group at (866) 487-4157, or visit the UCE of FIT website.(UCE-FIT.org)
2. Send the completed claim form to Seneca Consulting Group with an original, dated receipt, marked "paid", describing the type of service rendered, the date the service was rendered, the amount charged and the

name of the person who received the optical services. The receipt must also show the name, address and telephone number of the provider.

3. Optical claims must be filed within 12 months after the date of service. Claims filed later than 12 months from the date of service will not be reimbursed.

Exclusions:

1. Non-prescription sunglasses.
2. Services provided by a member of your or your spouse's/domestic partner's immediate family.

HEARING AID REIMBURSEMENT PLAN

The Fund's hearing aid reimbursement plan is being administered by the Fund's Third Party Administrator, Seneca Consulting Group, Inc. located at 68 South Service Road, Suite 100, Melville, New York 11747, tel. (1-866) 487-4157.

Who is Covered

Retired members, and their enrolled spouses/domestic partners/dependents as defined in the General Information section of this booklet, are covered for hearing aid benefits.

What are the Benefits

Under the hearing aid reimbursement plan, the Fund pays a total benefit allowance (for both ears) of up to \$500.00 on a rolling 5-year basis for each member and eligible dependent for charges for the following services, which must be rendered by the licensed physician, otologist or audiologist of your choice:

- Hearing aid appliances;
- Hearing analysis, tests or evaluations.

How to Obtain Benefits

1. To apply for benefits, you must obtain a Hearing Aid benefit claim form from the Fund Office, B902 or you may call Seneca Consulting Group at (866) 487-4157, or visit the UCE of FIT website (UCE-FIT.org).
2. Send the completed claim form to Seneca Consulting Group, with an original dated receipt marked "paid", describing the type of service rendered, the date the service was rendered, the amount charged and the name of the person who received the services. The receipt must also show the name, address and telephone number of the provider.
3. Hearing aid claims must be filed within 12 months from the date of service. Claims filed later than 12 months from the date of service will not be reimbursed.

Exclusions

1. Expenses not recommended or approved by a physician or otologist.
2. Expenses for which benefits are payable under any Workers' Compensation Law.
3. Benefits payable under Medicare or any other governmental plan.
4. Nondurable equipment, such as batteries.

5. Special procedures or training such as lip reading courses, schooling or institutional expenses.
6. Medical or surgical treatment of the ear or ears.
7. Charges for services or supplies which are covered in whole or in part under any other Fund benefit.
8. Charges for repair of hearing aid appliances.

OPTIONAL RIDER REIMBURSEMENT BENEFIT

Who is covered

Eligible retirees as defined in the General Information section of this booklet may be covered for the City Optional Rider Reimbursement Benefit.

What is the benefit

The benefit is available to retirees who elect to purchase a City Optional Rider to their basic City health insurance.

When do I get reimbursement

The benefit is generally paid to all eligible retirees automatically in two installments in February and July of each year, upon receipt of proof of rider election and payment from the College.

How is the benefit calculated

The current benefit reimburses up to \$600 annually, per eligible retired member and is payable at a rate of \$300 in February and July of each year.

How is the benefit obtained

The benefit is issued automatically to retired members based on the College's health insurance deduction record furnished to the Fund. In most cases, it will not be necessary to contact the Fund to obtain this benefit.

What if I have not received my reimbursement

If you believe that you were eligible to receive this benefit but did not, it is your responsibility to notify the Fund in writing.

HEALTH ADVOCATE PROGRAM

The UCE of FIT Welfare Trust Fund has retained the services of Health Advocate, Inc., effective November 1, 2007, to provide a program designed to help you and your families handle healthcare and insurance related issues by cutting through the red tape and barriers that so often create frustration and problems.

Who is covered

Health Advocate will provide services to all eligible retirees as well as enrolled spouses/domestic partners, dependent children, parents and parents-in-law (collectively referred to in this section as “Eligible Members”).

What are the benefits

Health Advocate does not deliver medical care nor tell Eligible Members what to do. Instead, they help you and your families make more informed decisions about health care. A Personal Health Advocate, typically a registered nurse will answer your questions, do the research, provide you the options and follow up with you.

The following services are provided to Eligible Members:

The Personal Health Advocate is typically a Registered Nurse, assigned to serve the subscriber as soon as he/she calls to access Services. Personal Health Advocates handle a range of issues as Eligible Members seek healthcare services and interact with providers and insurers.

- **24/7 HelpNet**: Health Advocate’s business hours for reaching a live person are 8:00 a.m. to 7:00 p.m. Eastern Standard Time. After hours, Eligible Members can leave a message and Health Advocate will return the call the next business day. In a non-medical emergency, Eligible Members may use the beeper number provided to page an “on-call” Health Advocate representative.
- **Care Coordination**: The Personal Health Advocate helps Eligible Members coordinate care among physicians and medical institutions.
- **Medical Director and Administrative Support**: Physicians and administrative staff support the Personal Health Advocates.

Benefits Advantage™

- **Claims Assistance**: Personal Health Advocates help sort out and solve claims and related paperwork problems and assist Eligible Members with coverage and benefits issues.

- **Fee Negotiation:** When necessary, Health Advocate can attempt to negotiate fees with healthcare providers and review questionable bills to catch duplicative and/or erroneous charges.
- **Grievance Advice:** Health Advocate will provide advice and/or assistance to subscribers when filing a complaint or grievance. However, any costs and expenses incurred by Health Advocate in connection with representation at appeals hearings will be billed directly to the Eligible Member, at an hourly rate.
- **Coverage Advantage™:** The Personal Health Advocate can help Eligible Members through the coverage review process. They can also assist in identifying alternative coverage options when necessary.
- **RxAdvocate™:** The Personal Health Advocate can assist Eligible Members with prescription drug issues including formulary and benefit questions.

Physician Locator: Personal Health Advocates can help Eligible Members identify physicians, hospitals, dentists and other healthcare providers for needed services.

Advocates of Excellence: Personal Health Advocates can help identify top medical institutions, Centers of Excellence and medical providers to assist Eligible Members in need of complex medical care. Our Personal Health Advocates can also help Eligible Members schedule appointments with these providers, as required.

Health Advocate CareQuest: This Service locates resources and makes arrangements for Eligible Members in need of special services that typically fall outside the realm of traditional healthcare benefits. The Eligible Member is responsible for payment for any services that they use beyond what may be covered by their health insurance plan.

How are benefits obtained?

Simply call Health Advocate at 1-866-695-8622. There are no enrollment forms. When you call Health Advocate and require service, they will ask you to complete a Medical Information Release Form. Please be assured that all your information will be kept strictly confidential by Health Advocate and your privacy will be protected.

Limitations on Health Advocate's Role

Health Advocate recognizes that the Eligible Members are covered under a self-insured, employer provided employee medical health plan. A Personal Health Advocate may intervene on behalf of Eligible Members with respect to said self-insured health plan. However, Health Advocate may not engage in representation of an Eligible Member before any joint labor/management committee which oversees the administration of the plan, except for assistance in preparation of the appeal and

supporting documents. Health Advocate may assist Eligible Members in writing a letter of appeal to the health plan; however, appeal letters must come directly from the Eligible Members and may not be submitted by Health Advocate on its letterhead.

LEGAL SERVICES PLAN

"(The assistance of counsel) is one of the safeguards of the Sixth Amendment deemed necessary to ensure human rights of life and liberty...The Sixth amendment stands as a constant admonition that if the Constitutional safeguards it provides be lost, justice will not still be done."

United States Supreme Court Justice Hugo Black, Gideon v. Wainwright

WHO IS ELIGIBLE?

If you are eligible for United College Employees of Fashion Institute of Technology Welfare Trust Fund benefits, as a retiree defined in the "General Information" Section of this booklet (pages 5), you are eligible for legal services benefits.

Your dependents are not eligible for legal services benefits unless specifically included in the benefit description.

HOW TO USE THE LEGAL SERVICES PLAN – THE PANEL LAW FIRM SYSTEM

If you wish to make an appointment to consult a lawyer for benefits provided, call 212-217-3370

You will be provided with an attorney from a panel law firm selected by the Fund. This firm will provide you with the benefits of the Fund. Your relationship with this law firm will be that of attorney and client. The attorney-client relationship will be exclusively between the covered member and the law firm. No employee of the Fund or any Trustee of the Fund can interfere in this relationship.

The Fund is designed to help pay for covered legal services. While the Fund cannot pay for all legal costs you have, it will help meet a substantial amount of such costs. You should explore with an attorney of the panel law firm the cost involved for any problem for which you seek help, so that you and the law firm, will have a working concept of what services are covered as well as what you will have to pay. Remember, however, that it is not always possible to estimate total costs. When, after general consultation with the panel law firm, you decide to retain the panel law firm, you will then be required to make the appropriate payment as indicated in the plan benefits.

You are not compelled to use the plan provided by the Fund. You are free at all times to select an attorney of your own choosing and to make payment to such attorney for services. However, the Fund will not absorb nor be responsible for any part of the fees

or charges of attorneys other than those representing law firms on the panel for the legal services program. You are also free at any time to discontinue the services of the panel law firm, and if you desire, to secure the services of a non-panel attorney. However, in such an event the Fund will neither be responsible for, nor absorb, any part of the fees or charges of non-panel attorneys. In addition, you continue to be obligated to the panel law firm for any cost incurred above the scheduled amount.

The panel law firm may, under exceptional circumstances, at any time (as is customary in the case of the independent retention of private attorneys) not undertake, discontinue or withdraw from representation of any covered member with appropriate adjustment of fees. In such cases, you are free to secure your own counsel. However, the Fund will neither absorb, nor be responsible for, any of the fees or charges of a non-panel attorney.

Member versus member disputes - In instances where two covered members are involved in the same controversy or proceedings as adversaries, (and both members would have the right to the benefit under the rules of the Fund) each member will be provided access to an attorney, or provided with a stipend by the Fund, as determined by the Board of Trustees.

GEOGRAPHIC AREAS COVERED

1. **Retired member residing within the geographic areas* covered by the plan** – receive legal services through the panel law firm without consideration of hours expended. You simply pay a small “deductible” for some services (others are provided at no cost to you).

** The geographic area covered by the plan includes; the five boroughs of New York City, Nassau, Suffolk, Westchester, Rockland, Putnam, Dutchess, Orange and Ulster counties in New York and Bergen, Essex, Union, Hudson, Middlesex, Passaic, Morris, Somerset, Mercer, Sussex, Warren and Hunterdon counties in New Jersey.*

2. **Retired member residing outside the geographic areas covered by the plan** – receive legal services through the payment of a stipend. You are entitled to a maximum reimbursement up to \$1,000 per year, per family. In order to receive benefits, the out-of-area retiree must pay their attorney and then submit a claim form together with a copy of the paid bill to the panel law firm. A schedule of the maximum stipend amount paid by the Fund for each covered benefit can be obtained from the Fund office.
3. **Retired member residing both within and outside (“snowbirds”) the geographic areas covered by the plan**– will automatically receive legal services

through the panel law firm, unless you make a one time election to receive legal services through the “stipend plan” described above. An election form must be completed along with your Fund Enrollment Form.

REPRESENTATION IN CIVIL MATTERS

The legal services benefits are divided into two major benefit categories: Representation in Civil Matters and General Legal Matters. All covered members are entitled to three Representation in Civil Matters, each year. The following section concerns itself with the specific benefits within this category.

LEGAL DEFENSE BENEFIT

Who is Eligible Any covered member who is a defendant in a situation involving his/her rights in resisting a claim and has had a legal action started against him/her, which does not fall within any of the specified benefits listed in this booklet.*

**Please note that special service benefits such as those involving divorce proceedings, separation proceedings, annulment proceedings, and homeowners proceedings are covered by the schedules contained under those specific headings in this booklet.*

What is the Benefit The Fund provides coverage through the panel law firm for all necessary legal services arising from the defense of a lawsuit or proceeding commenced against a covered member in courts and administrative agencies. The following are only examples of some of the courts and agencies in which the Fund provides coverage under the Legal Defense Benefit:

Supreme, Surrogate's & District Courts of Westchester County; United States District Court for the Eastern and Southern Districts of New York; United States Customs Court; Supreme, Surrogate's and County Courts of Rockland, Orange, Putnam, Dutchess, New York, Brooklyn, Queens, Richmond, Bronx, Nassau and Suffolk Counties Civil Courts of New York, Brooklyn, Queens, Richmond and Bronx Counties; District Courts of Nassau and Suffolk Counties and Northern New Jersey; Administrative Agencies and Bureaus.

This benefit provides, for example, the legal defense cost of a lawsuit alleging breach of contract or against lawsuits involving garnishment or medical expense claims. A covered member's problem may be successfully resolved after consultation with a panel attorney or it may necessitate the steps leading to and including your defense in a litigation or before an administrative agency.

The following schedule indicates the legal services available and the amount to be paid by the member at each stage:

Steps in the Legal Process Provided by The Fund through the Panel Law Firm

	<u>Member Cost</u>
A. Consultation	None
B. Pre-litigation: Including for example negotiation of settlement including the drafting of any necessary papers	\$15
C. Litigation: Including, for example, Third Party Complaint, Demand for Bill of Particulars, preparation of Jury Demand and court appearance, if necessary	\$35

If the Legal Defense Benefit is concluded at the consultation stage there is no cost to the member. However, if the Legal Defense Benefit is concluded at the pre-litigation stage, the cost to the member is \$15; if the Legal Defense Benefit must enter the litigation stage, the cost to the member is an additional \$35. Hence, the total cost to the member for a Legal Defense Benefit that reaches litigation is \$50 (\$15 + \$35).

How to Obtain the Benefit To obtain this benefit, simply contact the Fund to request an appointment. At the time of your appointment, you and an attorney from the panel law firm will complete the appropriate forms.

UNCONTESTED LEGAL SEPARATION BENEFIT

Who is Eligible Any covered member who seeks a separation from his/her spouse by means of a separation agreement mutually agreed upon by the parties or any relief through the court by an action for an uncontested legal separation.

What is the Benefit The Fund provides coverage through a panel law firm for all necessary legal services which the preparation and negotiation of a separation agreement may require. The separation agreement may be prepared and executed with a minimum of consultation or it may necessitate extensive negotiation with opposing counsel and spouse.

The following schedule indicates the legal services available and the amount to be paid by the member in each circumstance:

Steps in the Legal Process Provided by The Fund through the Panel Law Firm

A. Consultation	None
B. Uncontested or cooperatively agreed separation with minimal negotiation	\$45
C. Settlement after extensive negotiation	\$75

Where the parties do not wish to enter into a separation agreement, an uncontested action in court for a legal separation may be had.

The following schedule indicates the legal services available in an uncontested separation and the amount to be paid by you in each circumstance:

Steps in the Legal Process Provided by Amount Paid by The Fund through the Panel Law Firm

Member Cost

A. Consultation	None
B. Litigation: including, for example, conference, preparation of Summons and Verified Complaint, documents relating to maintenance and support of children (in proper instances), Findings of Fact and Conclusions of Law.	\$180

How to Obtain the Benefit To obtain the Uncontested Legal Separation Benefit, simply contact the Fund to request an appointment. At the time of the appointment, you and an attorney from the panel law firm will complete the appropriate forms.

UNCONTESTED DIVORCE PROCEEDING BENEFIT

Who is Eligible Any covered member is entitled to this benefit.

What is the Benefit. . . Divorce proceedings may be categorized as uncontested or contested. The Fund provides coverage for all steps of the legal process in the category of uncontested divorce proceedings.

The following schedule indicates the legal services available and the amount to be paid by you in each circumstance:

Steps in the Legal Process Provided by The Fund through the Panel Law Firm

	<u>Member Cost</u>
A. The member is entitled to ten hours of legal representation, in negotiating a divorce settlement until litigation must commence in instances where the panel attorney determines that litigation is necessary in order to maintain, defend, advance or assert the member’s interest. (See “B” below) A divorce action will be initiated under this benefit when:	
1. The member and spouse have agreed upon an uncontested divorce and no stipulation of settlement is required; or	
2. The member and spouse had previously signed a separation agreement or stipulation of settlement and have agreed upon an uncontested divorce; or	
3. The member requests representation in negotiating a stipulation of settlement	

(e.g., equitable distribution, child support, custody, visitation and maintenance) and the spouse has retained an attorney. A stipulation of settlement is then negotiated and executed, grounds are agreed upon and the spouse signs an affidavit agreeing upon the grounds for divorce.

Amount Paid by Fund Member \$60.00

- B. The member may (in addition to “A” above) retain the services of the panel law firm after the first ten hours of legal representation or once litigation is necessary to commence, subject to a written agreement of retention.

Amount Paid by Fund Member HOURLY

The panel law firm has agreed to provide said representation under B. with a 25% reduction in its hourly rate, which hourly rate has been established as \$300.00 for calendar year 2014.

How to Obtain the Benefit To obtain the Uncontested Divorce Proceedings Benefit, simply contact the Fund to request an appointment. At the time of the appointment, you and an attorney from the panel law firm will complete the appropriate forms.

UNCONTESTED ANNULMENT PROCEEDING BENEFIT

Who is Eligible Any covered member is entitled to this benefit.

What is the Benefit Annulment proceedings may be categorized as uncontested or contested. The Fund provides coverage for all steps of the legal process in the category of uncontested annulment proceedings.

The following schedule indicates the legal services available and the amount to be paid by the member in each circumstance:

Steps in the Legal Process Provided by Amount Paid by The Fund through the Panel Law Firm Fund Member

	<u>Member Cost</u>
A. Consultation	None

B. Uncontested Annulment - Coverage includes, for example, Summons and Complaint, Note of Issue, preparation of Findings of Fact, Conclusions of Law, entry of Judgment \$60

How to Obtain the Benefit... To obtain the Uncontested Annulment Proceeding Benefit, simply contact the Fund to request an appointment. At the time of the appointment, you and an attorney from the panel law firm will complete the appropriate forms.

ADOPTION BENEFIT

Who is Eligible.... Any covered member who seeks representation in an adoption proceeding.

What is the Benefit.... The Fund will provide a covered member with an attorney from a panel law firm to represent the member in formal adoption proceedings. This benefit does not include payment of any fees or expenses to adoption agencies or any other agencies, but is limited to those services normally rendered by an attorney to formalize an adoption. After all arrangements have been agreed upon, the panel attorney will prepare all petitions and allied papers and will appear in court with the parties in support of the adoption, if required.

The following schedule indicates the legal services available and the amount to be paid by the member in each circumstance:

Steps in the Legal Process Provided by Amount Paid by The Fund through the Panel Law Firm Fund Member

	<u>Member Cost</u>
A. Consultation	None
B. Preparation of Documents and Court Appearance for adoption of child	\$65

How to Obtain the Benefit.... To obtain the Adoption Benefit, simply contact the Fund to request an appointment. At the time of the appointment, you and an attorney from the panel law firm will complete the appropriate forms.

PERSONAL BANKRUPTCY BENEFIT

Who is Eligible.... Any covered member is entitled to this benefit.

What is the Benefit.... The Fund provides coverage through the panel law firm for all necessary conferences and legal services in the preparation of a petition to file for personal bankruptcy. Such a petition and schedules to file for personal bankruptcy may be finalized with a minimum of consultation and negotiation or it may involve a number of exceedingly complex steps. In some situations, it may require attendance at meetings with creditors and settlement agreements.

The following schedule indicates the legal services available and the amount to be paid by the member in each circumstance:

Steps in the Legal Process Provided by Amount Paid by The Fund through the Panel Law Firm Fund Member

	<u>Member Cost</u>
A. Consultation	None
B. Simple Personal Bankruptcy	\$75
C. Complex Personal Bankruptcy	\$100

How to Obtain the Benefit.... To obtain the Personal Bankruptcy Benefit, simply contact the Fund to request an appointment. At the time of the appointment, you and an attorney from the panel law firm will complete the appropriate forms.

CHANGE OF NAME BENEFIT

Who is Eligible.... Any covered member is entitled to this benefit.

What is the Benefit.... This benefit provides legal advice and representation in the change of name procedure. Counsel will file all appropriate papers and represent the member in the change of name process.

The following schedule indicates the legal services available and the amount to be paid by the member at each stage:

Steps in the Legal Process Provided by Amount Paid by The Fund through the Panel Law Firm Fund Member

	<u>Member Cost</u>
A. Consultation	None
B. Actual change of name procedure	\$45

How to Obtain the Benefit.... To obtain the Change of Name Benefit, simply contact the Fund to request an appointment. At the time of the appointment, you and an attorney from the panel law firm will complete the appropriate forms.

HOMEOWNER’S RIGHTS BENEFIT

Who is Eligible.... Any covered member who owns a private dwelling, a condominium or cooperative apartment as a primary residence or is in the process of purchasing or selling such a primary residence or the refinancing of a mortgage on a primary residence.

What is the Benefit.... This benefit has two components:

- (1) Legal advice or representation for the sale or purchase of any private dwelling, condominium or cooperative apartment in which the member primarily resides or plans to reside; or the purchase of unimproved property with the intention of building a home in which the member expects to primarily reside or the refinancing of a mortgage on a primary residence.
- (2) Legal advice or representation in the defense of a mortgage foreclosure proceeding involving any of the above stated residences.

Regarding the first component of this benefit, the following schedule indicates the legal services available and the amount to be paid by the member in each instance:

Steps in the Legal Process Provided by Amount Paid by The Fund through the Panel Law Firm Fund Member

	<u>Member Cost</u>
A. Consultation	None
B. Negotiation, advice and representation in the sale, purchase or refinance of a primary residence	\$60.00

It should be noted that this benefit does not include any aspects of residential problems that involve Title searches or Title insurance nor the costs of same.

The second component of the Homeowner’s Rights Benefit is legal representation through the panel law firm attorney in defense of a proceeding to foreclose a mortgage on a dwelling which the member owns and in which the member primarily resides. A mortgage foreclosure problem may be resolved after consultation with a panel attorney or it may require the contesting of any action to foreclose the mortgage in the appropriate court.

Steps in the Legal Process Provided by Amount Paid by The Fund through the Panel Law Firm Fund Member

	<u>Member Cost</u>
A. Consultation	None

- B. Pre-litigation: including, for example negotiation of settlement as well as the drafting of any necessary papers \$15
- C. Litigation: including, for example, Demand for Bill of Particulars, preparation of Jury Demand, Motions and court appearances \$125

How to Obtain the Benefit... To obtain the Homeowner's Rights Benefit, simply contact the Fund to request an appointment. At the time of the appointment, you and an attorney from the panel law firm will complete the appropriate forms.

GENERAL LEGAL MATTERS

As indicated before, the benefits of the Legal Services Program are divided into two categories: Representation in Civil Matters and General Legal Matters.

This section describes the General Legal Matters of the program. These benefits are provided to the members in those instances where the member's legal problems do not fall within the benefits provided within the Representation in Civil Matters category.

The following section describes the benefits included within the General Legal Matters category.

GENERAL CONSULTATION BENEFIT.... (Three Each Year)

Who is Eligible.... All covered members are entitled to this benefit.

What is the Benefit.... This benefit provides covered members with an opportunity to consult with an attorney from the panel law firm for three one-half hour sessions each calendar year concerning any legal questions whatsoever*. This benefit is made available by the Fund at no charge to a covered member.

How to Obtain the Benefit.... To obtain the General Consultation Benefit, simply contact the Fund to request a consultation appointment. At the time of the consultation, you and an attorney from the panel law firm will complete the appropriate forms.

**The General Consultation Benefit does not include representation. If such representation involves a covered matter, the Fund will pay the cost of representation in accordance with its Benefit Schedule. Of course, if the matter is not covered, any further legal costs must be borne directly by the member.*

DOCUMENT REVIEW BENEFIT*

Who is Eligible.... Any covered member is entitled to this benefit.

What is the Benefit....This benefit provides professional review and interpretation of all legal documents, such as: guarantees, warranties, installment purchase agreements, loans, leases, insurance policies and court papers, by an attorney from the panel law firm. There is no frequency limitation placed upon the utilization of this benefit, which is provided at no cost to the member.

Exclusions and Limitations:

The following documents are not included in the Document Review Benefit:

- A. Tax Returns
- B. Work that is being prepared by other attorneys at the time of the Document Review Benefit.

How to Obtain the Benefit....To obtain the Document Review Benefit, simply contact the Fund to request an appointment. At the time of the appointment, you and an attorney from the panel law firm will complete the appropriate forms.

** The Document Review Benefit provides review and interpretation of documents only. The Document Review Benefit does not include representation. If such representation involves a covered matter, the Fund will pay the cost of representation in accordance with its Benefit Schedule. Of course, if the matter is not covered, then any further legal costs must be borne directly by the member*

WILL BENEFIT

Who is Eligible.... Any covered member and his/her spouse, if agreeable to the member, are entitled to this benefit. In addition, the parent(s) and/or parent(s)-in-law of a member who wishes to execute a will, or have one reviewed or updated, is covered by this benefit.

What is the Benefit....This benefit provides for the preparation and execution of a will, with a simple children's trust if appropriate, for the member, his/her spouse (if agreeable to the member), the member's parent(s) and/or parent(s)-in-law under the supervision of an attorney from the panel law firm. The benefit is provided without charge, not more than once in every consecutive year period.

How to Obtain the Benefit.... To obtain the Will Benefit, simply contact the Fund to request an appointment. At the time of the appointment, the appropriate forms will be completed. A second appointment will be scheduled for the execution (signing) of the completed will(s).

PERSONAL INJURY (NEGLIGENCE) BENEFIT

Who is Eligible....A member and/or all members of his/her immediate family who has suffered a personal injury as a result of negligence is covered by this benefit.

What is the Benefit....The Legal Services Program provides coverage through the panel law firm for all legal services, through trial if necessary, in connection with the prosecution of a claim for personal injury as a consequence of negligence in cases which legal counsel believes are worthy of prosecution. The member will be represented on the basis of a contingent fee of 33-1/3% of the net sum recovered.

What Does "Contingent Fee" Mean....It means that the fee is contingent upon successful recovery, whether by suit, settlement or otherwise. Thus, if there is no recovery, there is no fee. Conversely, the more that is recovered, the greater the fee...all dependent upon a successful conclusion of the matter.

As customary, whether the litigation is successful or not, you are required to reimburse the firm for all disbursements, charges and other expenses, such as: medical and police reports, investigations, witness fees, etc. Also, as is customary, in computing this contingent fee, liens in favor of hospitals, doctors, etc. or other statutory liens upon recovery, are not to be deducted. Such amounts would be paid out of the injured party's share of the recovery.

How is the Personal Injury (Negligence) Benefit Obtained...To obtain the benefit, simply contact the Fund to request an appointment. At the time of the appointment, you and an attorney from the panel law firm will complete the appropriate forms.

ARRAIGNMENT ASSISTANCE - TELEPHONE CONSULTATION BENEFIT

Who is Eligible.... Any covered member or dependent who is a defendant in a criminal proceeding in Nassau, Suffolk, Westchester, Putnam, Dutchess, Rockland or Orange Counties, or the five boroughs of New York City.

What is the Benefit.... The benefit provides coverage through the panel law firm for necessary legal assistance by telephone consultation arising from an arrest which may lead to immediate imprisonment.

This benefit provides, for example, the legal defense cost of telephone assistance by an attorney, where the member/dependent is charged as the defendant in a criminal matter. It is important to note, however, that this benefit does not cover the costs of legal assistance beyond the arraignment telephone consultation stage. Thus, if the member/dependent is interested in obtaining legal services beyond the arraignment stage, he/she must make the necessary arrangements directly with the panel law firm or retain another attorney of his/her choice.

The following schedule indicates the legal services available and the amount to be paid by the member:

Steps in the Legal Process Provided by Amount Paid by The Fund through the Panel Law Firm Fund Member

A. Consultation None

How to Obtain the Benefit....To obtain the Arraignment Assistance - Telephone Consultation Benefit, the Fund must be contacted so that the appropriate arrangements may be made by the Fund with the panel law firm.

This service is available at any hour of the day or night by calling the special Fund number assigned to the program. **516-466-6030**

CONSUMER PROTECTION BENEFIT

Who is Eligible....Any covered member is entitled to this benefit.

What is the Benefit....This benefit provides members with coverage through the panel law firm for a broad range of legal services which might be needed to institute and pursue action against fraudulent practices by merchants, department stores, home repair contractors, public utilities, automobile dealers, appliance dealers, etc. Utilization of this benefit is limited to two matters per member, per calendar year, and the matter must involve a purchase costing \$500 or more.

The following schedule indicates the legal services available and the amount to be paid by the member in each circumstance:

Steps in the Legal Process Provided by

	<u>Member Cost</u>
A. Consultation	None
B. Representation by Written Communication	None
C. Litigation in Small Claims Court	\$50
D. Litigation in Courts other than Small Claims Court	\$100*
E. Representation with Appropriate Federal Agencies (e.g. F.T.C., etc.)	\$100*

**If a lawsuit involves a consumer purchase of \$5,000 or more - e.g., "Lemon" car - then the cost to the member for litigation or representation shall be \$350.00*

NOTE - Some legal services not provided under this benefit include, but are not limited to, suits for punitive damages, class actions and commercial enterprises.

How to Obtain the Benefit...To obtain the Consumer Protection Benefit, simply contact the Fund to request an appointment. At the time of the appointment, you and an attorney from the panel law firm will complete the appropriate forms.

IDENTITY THEFT PROTECTION BENEFIT

Who is Eligible...Any member who wishes legal consultation in connection with an identity or personal information theft issue is covered by this benefit.

What is the Benefit...The Fund provides coverage through the panel law firm for a member to consult with an attorney if the member believes he/she has been the victim of an act of identity or personal information theft including but not limited to the following examples:

- using or opening of a credit card account in the member's name, fraudulently;
- opening telecommunications or utility accounts in the member's name, fraudulently;
- passing bad checks or opening a new bank account in the member's name, without authorization; and
- obtaining a loan in the member's name, fraudulently.

The panel law firm will provide consultation and assistance* to a member in connection with their contacting and reporting an act of identity theft to the three major credit bureaus, the security departments of the appropriate creditors or financial institutions, the police and the Federal Trade Commission.

The Benefit Fund makes this benefit available at no charge to member.

How is the Identity Theft Benefit Obtained...To obtain the Identity Theft Benefit, simply contact the Benefit Fund to request an appointment. At the time of your appointment, you and an attorney from the panel law firm will complete the appropriate forms.

*The Identity Theft Benefit does not include representation in litigation other than that already provided in the Consumer Protection Benefit.

LIVING WILL/HEALTH CARE PROXY BENEFIT

Who is Eligible. . . You are eligible if you are a covered member, a covered member's spouse (if agreeable to the member) or domestic partner or a covered member's parent(s) and/or parent(s)-in-law.

What is the Benefit. . . This benefit provides you, your spouse or domestic partner, your parent(s) and/or parent(s)-in-law with the opportunity to have a living will/health care proxy prepared and executed under the supervision of an attorney from the panel law firm. This benefit is provided once every two plan years at no cost to you.

A living will and/or health care proxy serves as a clear documented expression of an individual's carefully considered intention to have life sustaining procedures withheld or withdrawn if he or she were to suffer from a catastrophic illness, disease or injury from which there is little likelihood that he or she would recover to enjoy a meaningful quality of life.

How to Obtain the Benefit.... To obtain the Living Will/Health Care Proxy Benefit, either you or your spouse or domestic partner should contact the Fund to request an appointment. If both husband and wife desire a living will/health care proxy, it is recommended that they make an appointment together. At the time of the appointment, you and an attorney from the panel law firm will complete the appropriate forms.

DESIGNATION OF PERSON IN PARENTAL RELATION BENEFIT

Who is Eligible... You are eligible if you are a covered member.

What is the Benefit... This benefit provides the covered member with the opportunity to have a Designation of Person in Parental Relation ("Designation") prepared and executed under the supervision of an attorney from the panel law firm.

Note: With respect to a covered member who wishes to be named Designee, or needs to appoint a designee, an attorney from the panel law firm will provide a special consultation to confirm that the Designation has been drafted in compliance with the law.

A Designation designates another person (the "Designee") as a person in parental relation to a minor or incapacitated person to act on his\her\their behalf in matters relating to education and health care. The Designation is a very useful document for parents who must leave their child with a caregiver for a limited period of time. If drafted properly, the Designation will be valid for up to 6 months.

How to Obtain the Benefit...To obtain the Designation of Person in Parental Relation Benefit, you should contact the Fund to request an appointment. At the time of the appointment, you and an attorney from the panel law firm will complete the appropriate forms.

APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS BENEFIT

Who is eligible...Any covered member, covered member's spouse/domestic partner, covered member's parent(s) and/or parent(s)-in-law.

What is the benefit...This benefit provides you, your spouse/domestic partner, your parent(s), and/or parent(s)-in-law with the opportunity to have an Appointment of Agent to Control Disposition of Remains document prepared and executed under the supervision of an attorney from the panel law firm.

An Appointment of Agent to Control Disposition of Remains serves as a clear documented designation of a burial agent and expression of special directions of how the individual's burial is to be accomplished.

The Fund makes this benefit available at no charge to member.

How is the benefit Obtained...To obtain the Appointment of Agent to Control Disposition of Remains benefit, simply contact the Fund to request an appointment. At the time of your appointment, you and an attorney from the panel law firm will complete the appropriate forms.

PLANNING FOR THE ELDERLY BENEFIT

Who is Eligible....You are eligible if you are a covered member, a covered member's spouse (if agreeable to the member) or domestic partner or a covered member's parent(s) and/or parent(s)-in-law.

What is the Benefit....This benefit provides you, your spouse or domestic partner, your parent(s) and/or parent(s)-in-law with an opportunity to consult with an attorney from the panel law firm on matters involving, e.g., the placement of elderly parent(s) in nursing homes, available Medicare entitlement and health planning for the elderly. This benefit includes the preparation of powers of attorney and is offered at no cost to you.

How to Obtain the Benefit....To obtain the Planning for the Elderly Benefit, either you, your spouse or your domestic partner should contact the Fund to request an appointment. At the time of the appointment, you and an attorney from the panel law firm will complete the appropriate forms.

ESTATES AND ADMINISTRATION BENEFIT

Who is Eligible....You are eligible if you are a covered member or a covered member's eligible dependent who is named as Executor in a Will. You are also eligible if you are named as executor in a will by a covered member. If there is no Will, you or an eligible dependent who would qualify under intestacy laws to serve as Administrator of the estate will be eligible.

What is the Benefit....This benefit provides all legal services which may be required in connection with the handling of an estate from its inception (the probate of a Will or Petition for Letters of Administration where there is no Will), through all phases of estate administration including tax proceedings and "winding up" of the estate (through accounting and distribution).

With respect to the estate of a deceased member, these services are provided to the surviving spouse or domestic partner or eligible dependent children in those instances where the spouse or domestic partner or eligible dependent children would be entitled to be appointed Executor or Administrator.

PLEASE NOTE: This benefit does not provide legal services of an adversarial nature, e.g., to contest an existing Will.

Steps in the Legal Process Provided by Amount Paid by The Fund through the Panel Law Firm Fund Member

Consultation

No Charge

The panel law firm has agreed to provide legal representation in these matters with a 25% reduction in its hourly rate, which for 2014 is \$350 (thus \$262.50 per hour for 2014).

How to Obtain the Benefit.... To obtain the Estates and Administration Benefit, simply contact the Fund to request an appointment. At the time of the appointment, you and an attorney from the panel law firm will complete the appropriate forms.

GENERAL EXCLUSIONS FROM ALL BENEFITS OF THE LEGAL SERVICES PLAN

All legal services provided by the Fund have been specifically stated and described. Any legal service that has not been so described can be considered excluded from the Plan of Benefits.

However, in order to guide the member in his/her utilization of the Legal Services Program benefit package, this section lists specifically, but without limitation, particular exclusions from the Plan:

- Any controversy, dispute or proceeding with or against the employer or the employer's agents or officers;
- Any controversy, dispute or proceeding directed against the Union or any of its affiliated bodies, e.g., the Fund, or any of the officers, agents or attorneys of the Union and its affiliated bodies;
- Any controversy, dispute or proceeding in which the Fund would be prohibited from defraying the cost of legal services by any provisions of the law;
- Any controversy, action or proceedings in which representation on a contingent fee basis is normally and customarily available or where the fee is payable by virtue of statute or by order of court;
- Class actions or interventions or amicus curiae activities. Two or more parties may not pool or combine their benefits for the purpose of asserting a claim in which they have a mutual interest;
- Any matter concerning the preparation or filing of income tax returns or payment of income tax;
- Any controversy, action, proceeding or dispute in which the legal services are available through insurance or through any government agency or attorney (Federal, State or local);
- Any controversy, dispute or proceeding in which the member was previously represented by an attorney;
- Any legal expenses incurred for a matter which commenced before the member became eligible to receive a benefit under the Plan;
- Any controversy, dispute, proceeding or matter that cannot be litigated or otherwise handled within New York City, Nassau, Suffolk, Westchester, Rockland, Putnam, Dutchess, Orange and Ulster counties in New York and

Bergen, Essex, Union, Hudson, Middlesex, Passaic, Morris, Somerset, Mercer, Sussex, Warren and Hunterdon counties in New Jersey;

- Any controversy, dispute, proceeding or matter which involves a member's business, commercial interest or investment matters;
- The Fund will not cover non-members (e.g. spouses, parents, parents-in-law, etc.) on a first time basis or subsequent to coverage for a prior matter, without the express written consent of the member.

THE FUND WILL NOT PAY:

- for services or advice when such activity involves a duplication of the same service or advice previously obtained in connection with the same problem and previously claimed for under the Plan;
- court costs and/or filing fees, nor in any event will the Fund pay fines, penalties or any amounts in which a member may be cast in judgment.

IF YOU HAVE ANY QUESTIONS WITH REGARD TO COVERAGE, BENEFITS OR EXCLUSIONS, PLEASE CONTACT THE FUND OFFICE.