

Eligibility Rules

Bargained Employees

Initial Eligibility

The eligibility rules described in this booklet are effective as of May 1, 2008. You become eligible for coverage as long as you are not receiving a pension from Central Laborers' Pension Fund or similar craft and when:

- ⊖ you perform work that is under the jurisdiction of any local union participating in this Welfare Fund; and
- ⊖ sufficient contributions are made on your behalf by Contributing Employers.

⊖ **Contribution hours** are your hours of work for which your employer contributes to this Fund under the terms of a collective bargaining agreement.

Seasonal bad weather or a temporary work shortage will not necessarily cause you to lose eligibility because all contribution hours over a 12-month period are counted in determining your eligibility.

You first become eligible for Welfare Plan benefits when you have completed 500 hours of work for which employer contributions or contribution hours have been made on your behalf to the Welfare Plan within a six consecutive month period. When you have met this requirement, your eligibility for Welfare Plan benefits begins on the first day of the second calendar month following the 500th contribution hour. Once you become eligible for Welfare Plan benefits, your eligibility will continue for at least three months. (See the first example below)

If, however, you have completed 500 contribution hours before the completion of a six consecutive month period, your eligibility will begin on the first day of the second calendar month that follows the month you completed your 500th contribution hour. Your eligibility for Welfare Plan benefits will continue for at least three months. (See the second example below)

Example 1:

Ryan is not receiving a pension from Central Laborers' Pension Fund or similar craft.

Ryan begins working on March 1. He works 85 hours in each of the six months (March, April, May, June, July and August) and his employer reports and pays contributions to the Plan for all hours worked. Because Ryan has worked 510 contribution hours by the end of August, he becomes eligible for benefits on October 1, which is the first day of the second month following his completion of 500 or more contribution hours.

Example 2:

Ryan is not receiving a pension from Central Laborers' Pension Fund or similar craft.

If Ryan worked 160 hours per month beginning in March, he would complete over 500 contribution hours by the end of June and his eligibility would begin on August 1.

Continued Eligibility and Termination of Eligibility

After you satisfy the initial eligibility rules, your eligibility will continue for each succeeding three-month period if contributions are made on your behalf that satisfy one of the requirements for that three-month eligibility period according to the following schedule.

Schedule Instructions:

- 1) Find the three month period which you are wanting to identify contribution requirements. (Three month periods are located in the right hand column.

2) Move to the left hand column and see what hours must be contributed on your behalf.

(Please note: You do not need to meet all contribution hour requirements listed to be eligible for benefits. The Fund Office calculates eligibility by looking to see if you have the necessary contribution hours during the 3 months listed. If you do not, the Fund Office calculates eligibility by looking to see if you have the necessary contributions hours during the 6 months listed. If you do not satisfy the contribution hour requirement for the 6 month period, the Fund Office looks at contribution hours for the 9 month period and finally by looking at contribution hours for the 12 month period listed.

Once the Fund Office determines you have satisfied the required contribution hours for any one of the four possible scenarios, your eligibility will be updated for the three month period listed in the right hand column.

If You Work:	Your Coverage Continues During:
250 contribution hours in September, October, November; or 500 contribution hours in June through November; or 750 contribution hours in March through November; or 1,000 contribution hours in December through November	January, February and March
250 contribution hours in December, January, February; or 500 contribution hours in September through February; or 750 contribution hours in June through February; or 1,000 contribution hours in March through February	April, May and June
250 contribution hours in March, April, May; or 500 contribution hours in December through May; or 750 contribution hours in September through May; or 1,000 contribution hours in June through May	July, August and September
250 contribution hours in June, July, August; or 500 contribution hours in March through August; or 750 contribution hours in December through August; or 1,000 contribution hours in September through August	October, November and December

Your eligibility terminates at the end of the last day of any of the above three-month eligibility periods if the required contributions have not been made on your behalf for the 250, 500, 750 or 1,000-hour work requirement.

The rules that cover your continuing eligibility have been designed to enable you to “look-back” during any designated 12-month period to take advantage of the contribution hours you earned during periods of high employment and avoid losing health insurance coverage during seasonal work slowdowns or periods of low employment.

For Example:

Angelo becomes eligible for Plan benefits on July 1, 2007. Angelo’s benefits continue for the three months of July, August and September. To determine his eligibility for October through December, Angelo looks back to his hours of work during the previous June, July and August. If his hours for that period total 250, then he continues to be covered during October through December. If his hours do not total at least 250 for that period, Angelo looks back to the 6-, 9- or 12-month period to see if he meets the hour requirement for that period.

To determine whether he is eligible for coverage during January, February and March 2008, Angelo looks back to September, October and November 2007. If his hours for that period total 250, then he continues to be covered during January, February and March 2008. If his hours do not total 250 for that period, Angelo looks back to the 6-, 9- or 12-month period shown in the table above for the January, February and March coverage period. If Angelo does not meet the hour-requirement for the January, February and March 2008 period, his coverage will terminate at the end of the day on December 31, 2007.

Contributing Employers must report and remit the contributions required by the collective bargaining agreement to the Welfare Fund on a monthly basis. Some Contributing Employers submit their monthly reports based on actual hours worked during the full calendar month. Other Contributing Employers submit their monthly report based on their payroll periods for the reported month. The Welfare Fund’s records used to determine eligibility are based on the monthly hours reported on each Contributing Employer’s monthly remittance report.

Contribution hours from all of your Contributing Employers are counted. If you move from one Contributing Employer to another, your eligibility will continue if the combined contribution hours received on your behalf from all Contributing Employers meet one of the continued eligibility rules.

☞ **Fund Office records.** Your contribution hours are posted in accordance with your employer's normal reporting procedure.

If a local union or district council stops participating in the Central Laborers' Welfare Fund with respect to one or more bargaining units, continued eligibility of employees in that bargaining unit or units will be determined by the Board of Trustees. For this purpose, coverage for a bargaining unit will be considered terminated as of the last day that the collective bargaining agreement requires employer contributions to be paid to the Central Laborers' Welfare Fund.

Eligibility Reserve Bank

If you are a bargained employee, and not receiving a pension from Central Laborers' Pension Fund or similar craft, contributions paid to the Welfare Fund on your behalf for hours of work beyond 1,875 per calendar year will be credited to your Eligibility Reserve Bank. The value of the hours is determined by multiplying each banked hour by the current contribution rate to determine a dollar amount that may be used only for continued Plan coverage.

☞ As long as you are not receiving a pension from Central Laborers' Pension Fund or similar craft, you earn a dollar amount in an **Eligibility Reserve Bank** when your contribution hours exceed 1,875 in a calendar year. The balance in your Eligibility Reserve Bank may be used for self-payments or to offset self-payments under the active coverage plan.

You may accumulate a maximum of two quarterly self-payments and use the money in your Eligibility Reserve Bank when you have insufficient hours to continue your eligibility. This money can only be used as a credit to offset or reduce the self-payment you must make to continue coverage. Your coverage will terminate as explained in the *Continued Eligibility and Termination of Eligibility* section on page 12 if the amount in your Eligibility Reserve Bank is not sufficient to cover the self-payment and you do not pay the difference.

Continued Eligibility During Disability Periods

If you become Ill or Injured and are unable to work because of a certified disability, you will be credited with 20 disability hours for each full week of the disability for the purpose of maintaining eligibility. Your credit may not exceed 260 hours during any continuous 12-month period or period of disability due to the same or related causes.

A certified disability is one in which you are determined to be totally disabled by a licensed medical practitioner as a result of a non-occupational or occupational Injury or Illness or by which you are receiving the Loss of Time Benefit from this Welfare Fund that is described on page 55. Sufficient proof of the certified disability must be provided to the Fund Office for disability hours to be credited.

Self-Payment Rules for Active Bargained Employees

Under certain circumstances when your coverage would otherwise end, you may be eligible to make self-payments to continue eligibility and coverage under the Plan. To participate under the self-payment provision, you must have become eligible for coverage as required under the *Initial Eligibility* section of these eligibility rules. Once you become eligible and your coverage later terminates, you can make self-payments, as explained in the following rules or you can choose to make self-payment for COBRA continuation Coverage as described on page 23. The benefits for which you are eligible are described in Addendum A of this booklet.

Notice. The Fund Office will send a letter to those employees whose eligibility has terminated showing the termination date, the amount that must be paid to continue eligibility under the self-payment rules and the date any self-payment is due.

The letter will be sent to your most current address on file at the Fund Office. Therefore, it is important – and your responsibility – to maintain a current mailing address with the Fund Office at all times and notify the Fund Office of any change of address. Participating local unions and district councils are not responsible to keep your address information current at the Fund Office.

You are responsible to make self-payments if you wish to continue eligibility. The self-payment for the specified three-month period must be postmarked no later than 25 days from the date of the letter of termination mailed by the Fund Office.

For Example:

Jim's eligibility terminates on December 31, 2007. Jim's termination notice is dated January 5, 2008. Jim wishes to continue his eligibility for the three-month period beginning January 1, 2008, so his self-payment must be postmarked no later than January 30, 2008.

If you make self-payments for three months of eligibility and your eligibility reinstates during that period by you working and receiving the required contribution hours for reinstated eligibility, you will receive a refund for the months of coverage you paid for and that are now covered through contribution hours and reinstatement.

You may continue to make self-payments for up to four consecutive three-month periods beyond the time your coverage would have ended under the Welfare Fund's regular termination rules. Each subsequent self-payment must be postmarked no later than 25 days after the date of the termination letter mailed by the Fund Office.

All checks or money orders should be made payable to "Central Laborers' Welfare Fund" and sent to the following address:

Central Laborers' Welfare Fund
P. O. Box 1267
Jacksonville, Illinois 62651-1267

The Trustees will determine, from time to time, the self-payment amount that Participants will be required to make to continue eligibility. You will not be allowed to make self-payments to qualify under a Plan of benefits that is no longer in effect.

Your self-payment will not be accepted (and no further self-payments will be accepted) and you must re-qualify for coverage based on employer contributions as described in these eligibility rules if:

- ⊗ you fail to make the required self-payment within the specified time;
- ⊗ your self-payment check is returned by your bank because of insufficient funds in the account to cover the amount of the check; or
- ⊗ the self-payment is less than the required amount specified in the termination letter, in which case it will be considered the same as failure to have made the required self-payment.

Self-Payment Rules for Disabled Bargained Employees

If you are a Totally and Permanently Disabled Participant who makes self-payments under these rules, you may continue to make self-payments for up to eight quarters or until the date you become eligible for Medicare, whichever occurs first. You will be considered Totally and Permanently Disabled if you are receiving a Disability Pension from the Central Laborers' Pension Plan.

The Trustees may require medical evidence of Total and Permanent Disability and reserve the right to require a medical examination by a Physician of their choice. If you are a disabled Participant and fail to make the required self-payment within the specified time, you will not be allowed to make any further self-payments. The benefits you qualify for as a disabled Participant will be the same as for active Participants, excluding the Loss of Time, Death and AD&D Benefits or other benefit as noted in the Schedule of Benefits on Addendum A of this booklet.

Reinstatement of Eligibility

If your eligibility ends because the necessary contributions were not made on your behalf, you may re-qualify for coverage if 250 or more hours of contributions are received on your behalf in a three consecutive month period within the six-month reinstatement period as described below. Eligibility will be reinstated on the first day of the second calendar month that follows the date you meet the 250-hour requirement.

After reinstatement, you will remain eligible for at least three consecutive calendar months. You must meet the requirements for continued eligibility as explained in the *Continued Eligibility and Termination of Eligibility* section.

If you are receiving a pension from Central Laborers' Pension Fund or similar craft, you are not eligible for reinstatement.

If 250 hours of contributions are received on your behalf in less than three consecutive calendar months, your eligibility will reinstate on the first day of the second calendar month that follows the month that 250 hours of contributions are received on your behalf.

Six-Month Reinstatement Period. For purposes of this reinstatement rule, hours will be counted for work you performed in the months immediately before the month your coverage terminated and the next five months. This is your six consecutive month reinstatement period. Suppose, for example, that your eligibility terminates as of January 1, 2003 because you do not have the required contribution hours through November 30, 2002. You must reinstate eligibility no later than July 1, 2003 based on 250 hours or more of work performed in a three (or less) consecutive month period between December 1, 2002 and May 31, 2003. If you do not meet the requirements of this reinstatement rule, you must again meet the 500-hour requirements in the *Initial Eligibility* section on page 12.

For Example:

Harry's coverage terminates on March 31, 2003. Harry did not work during March, April or May 2003. Harry works 85 hours each month during June, July and August 2003 and his employer contributes to the Plan on his behalf. Because Harry has worked more than 250 hours in three consecutive months by the end of a six-month period (March through August 2003) his coverage is reinstated on October 1, 2003, which is the first day of the second month following his completion of 250 hours of work.

If Harry worked 140 hours each month during May and June 2003, he would complete more than 250 hours of work by the end of June 2003. Harry's eligibility reinstatement would begin on August 1, 2003, the first day of the second month following his completion of at least 250 hours of work within a six-month reinstatement period.

If your eligibility ends and a period of six consecutive months elapses, you must again satisfy the 500-hour requirement in the *Initial Eligibility* section.

Non-Construction Participants

Initial Eligibility

To be eligible for this Plan, your employer must be making contributions to the Welfare Fund's Non-Construction Plan on your behalf. You must be working full-time, which is 40 hours per week (total contributions of 2,080 hours per year).

Your eligibility begins on the first day of the second calendar month following the month in which you work the required hours for which contributions are made to the Welfare Fund on your behalf. Your employer may request that your coverage start on a particular date, but must make contributions on the basis of the hours you work during the two months before the requested start date.

For Example:

Your employer begins paying contributions to the Non-Construction Plan on your behalf for hours worked in January 2003. If the Welfare Fund receives the contributions by February 15, 2003, your coverage begins on March 1, 2003. Coverage continues as long as your employer continues to pay contributions on your behalf on the 15th of the month before the month that your coverage is to continue.

If your employer requests that your coverage begins on January 1, 2003, your employer must pay contributions based on your hours worked in November 2002. Your employer would also be required to make contributions by January 15th, 2003 for your hours worked in December for your coverage to continue during February 2003. You would continue to be eligible for benefits as long as your employer continued to pay contributions on your behalf by the 15th of the month before the month that your coverage is to continue.

Continued Eligibility and Termination of Eligibility

Once you are initially eligible, you will continue to be eligible for each succeeding month if contributions are received by the 15th day of the current month. Your eligibility will end on the last day of the month, two months after the last month for which contributions were made on the Employee's behalf.

As a Non-Construction Participant, you are not eligible to make self-payments to extend your eligibility after coverage terminates, except through COBRA Continuation Coverage (see page 23).

Apprentices

Initial Eligibility

If you are an apprentice in the Laborers' Training Program, the Training Program will pay 160 hours of contributions to the Welfare Fund, on your behalf, and the Welfare Fund will pay 340 hours. After you complete the Training Program, your eligibility will begin as shown in the chart below:

Month of Graduation	Initial Eligibility Date	Eligible Through
January	March 1	June 30
February	April 1	June 30
March	May 1	September 30
April	June 1	September 30
May	July 1	September 30
June	August 1	December 31
July	September 1	December 31
August	October 1	December 31
September	November 1	March 31
October	December 1	March 31
November	January 1	March 31
December	February 1	June 30

You will continue to be eligible for Plan benefits if you work 250 or more hours for which your employer contributes to the Welfare Fund on your behalf as outlined in the *Continued Eligibility and Termination of Eligibility* section for Bargained Employees on page 12.

Dependents' Eligibility

Typically your Dependents are eligible for coverage when you are eligible if they meet the definition of Dependent on page 79. You need to identify Dependents on your enrollment form and provide the required eligibility documentation.

If you marry and/or acquire a child while you are eligible, your Dependent may become eligible on the date you marry or the date a child is born, adopted or placed with you for adoption or legal guardianship. You must complete an enrollment form and provide the required eligibility documentation for your Dependent within 31 days of the qualifying event (e.g., marriage, birth, adoption). If you do not enroll your Dependent within 31 days of the qualifying event, your Dependent's coverage effective date will be postponed until the first day of the month following the date you apply to cover your Dependent.

Please Note: If your spouse's employer offers comparable medical coverage to this Plan or offers comprehensive insurance, your spouse must enroll in that coverage before this Plan will cover your spouse or coordinate benefits.

Delinquent Contributions

To be considered eligible for benefits, the required contributions must be received by the Fund Office. If your Contributing Employer does not pay the required contributions and as a result, your eligibility does not become effective or is terminated, the Trustees will make every effort to collect the required contributions from that Contributing Employer.

However, you will be required to make a self-payment if you wish to continue your eligibility due to termination as the result of delinquent hours. If the contributions are collected, you will be credited with the appropriate hours for the period that you actually worked and notified of any change in your eligibility that may result. Any self-payments that you have made will be reviewed and you may receive a full or partial refund of your self-payment.

Retirees

The Plan provides welfare benefits for you and your eligible Dependents if you retire with a pension or you become disabled and retire with a disability pension from the Central Laborers' Pension Fund or another Fund that has entered into an agreement with the Central Laborers' Welfare Fund. Eligibility requirements are shown below.

Retiree Eligibility

You and your Dependents are eligible for Retiree benefits if you:

- ⊗ meet the definition of Retiree (see page 83);
- ⊗ have been eligible for at least 5 consecutive years under the Central Laborers' Welfare Fund immediately before the effective date of your pension;
- ⊗ are not eligible for Medicare; and
- ⊗ make proper and timely self-payments to the Welfare Fund for your coverage.

You must provide an Open Enrollment Application for Retiree benefits and make the required self-payment on or before the deadline date printed on your self-payment notice.

The Trustees determine, from time to time, the amount of self-payments for single/family coverage. You are required to make self-payments on a quarterly basis for Retiree benefits. To maintain coverage, you must make quarterly payments on or before the first day of the quarter (January 1, April 1, July 1 and October 1).

For Example:

Bob retires from 20 years of active employment at age 57, and begins receiving his pension from the Central Laborers' Pension Fund. After using his Eligibility Reserve Bank (see page 14) to maintain coverage, Bob's coverage under the active Participants' Plan ends on June 30, 2003. Bob must provide an Open Enrollment Application for Retiree Benefits and make his first self-payment for Retiree Benefits by the deadline date printed on his self-payment notice.

To maintain his Retiree benefit coverage, Bob must make timely quarterly payments on or before October 1, 2003, January 1, 2004, April 1, 2004, July 1, 2004 and on or before the first day of each following quarter until he is no longer eligible for Retiree benefits.

Retiree Dependents' Eligibility

Generally, eligible Dependents under the Retiree plan are the same as eligible Dependents under the active plan. In addition, your spouse is eligible for Retiree benefits if you are no longer eligible for Retiree benefits because you have become eligible for Medicare. If your spouse is covered for Retiree benefits, your eligible Dependent children are also eligible for Retiree benefits. If your spouse is not eligible for Retiree benefits, or if you have no spouse, your Dependent children are not eligible for Retiree benefits, but may continue coverage through COBRA Continuation Coverage (see page 23).

Retiree Benefit Exclusions

The following benefits, available to active Participants, are not available to Retirees:

- ⊗ Loss of Time Benefit;
- ⊗ Death Benefit; and
- ⊗ Accidental Death and Dismemberment Benefit.

Termination of Retiree Benefits

Your Retiree benefits will terminate when the first of the following occurs:

- ⊗ you become eligible for Medicare for any reason, including age;
- ⊗ the Plan is discontinued;
- ⊗ you are no longer entitled to receive a pension from the Central Laborers' Pension Fund; or

⊗ you do not make the required self-payment.

Your Dependents' Retiree benefits end when the first of the following occurs:

- ⊗ they no longer meet the definition of a Dependent;
- ⊗ the Plan is discontinued;
- ⊗ you are no longer entitled to receive a pension from the Central Laborers' Pension Fund;
- ⊗ the required self-payment is not made; or
- ⊗ your Dependent becomes eligible for Medicare.

Retiree coverage for your Dependent children ends when your Dependent spouse is no longer eligible for Retiree coverage.

Return to Work by Retiree

If you are receiving an early, regular or service pension, and making self-payments for Retiree benefits and suspend your pension to return to work, you must continue to make self-payments to the Welfare Fund for Retiree benefits during the period while you are working until you have met the eligibility requirements for Active participation in the Welfare Fund. If you do not continue your self-payments, you permanently lose your right to receive Retiree benefits. When you re-retire you will not be eligible for Retiree benefits.

If you suspend your disability pension and return to work and were making self-payments for Retiree benefits, you are not required to continue to make self-payments for Retiree benefits after the date you earn regular eligibility under the Plan for active Participants. You will be allowed to make self-payments for Retiree benefits when you retire again.

⊗ **Return to work.** You must continue self-payments for Retiree benefits when you return to work after receiving a pension to maintain the right to Retiree benefits when you retire again. But, you will not need to continue self-payments when you return to work after receiving a disability pension, once you qualify again for active Participants' benefits.

Retiree Pre-Funded Subsidy Allowance Program

Eligibility

You may receive a Retiree Pre-Funded Subsidy Allowance to offset your self-payments for Retiree benefits if you:

- ⊗ initially retire on or after March 1, 2002;
- ⊗ are at least 53 years of age at the time of your initial retirement; and
- ⊗ have at least 5 years of uninterrupted active participation in the Central Laborers' Welfare Fund immediately before the date of your initial retirement.

⊗ **A Retiree Pre-Funded Subsidy Allowance** is earned during your working years and will help offset the cost of your Retiree benefits when you are retired.

You are also considered eligible for the Retiree Pre-Funded Subsidy Allowance if you:

- ⊗ retire due to a Total and Permanent Disability (as defined by the Central Laborers' Pension Plan), on or after March 1, 2002 and you are not eligible for Medicare or other government-sponsored insurance;
- ⊗ are a spouse of a Participant who became Totally and Permanently Disabled on or after March 1, 2002 who is eligible for Medicare or other government-sponsored insurance;
- ⊗ are a spouse (at the time of death) of a Plan Participant who dies while eligible for the Retiree Pre-Funded Subsidy Allowance; or

Termination of Retiree Pre-Fund Subsidy Allowance

The Retiree Pre-Funded Subsidy Allowance ends on the earliest of the date you:

- ⊗ become eligible for Medicare;
- ⊗ become eligible for Medicare because of a Total and Permanent Disability;

- ⊗ choose not to make a premium payment for Retiree benefits;
- ⊗ return to work for a Contributing Employer and become eligible for active Participants' benefits; or
- ⊗ return to work in disqualifying employment as defined in the Central Laborers' Pension Plan.

If you become eligible for Medicare because of age or a Total and Permanent Disability, your spouse will continue to receive the Retiree Pre-Funded Subsidy Allowance if your spouse is age 53 or older. Your spouse's coverage continues until he or she:

- ⊗ remarries;
- ⊗ becomes eligible for Medicare because of age or Total and Permanent Disability; or
- ⊗ does not pay the required self-payment.

If you initially retire on or after March 1, 2002, are age 53 or older, and suspend your pension to return to active employment, you must complete three years with active contributions of 1,000 hours each fiscal year to be considered eligible for the Central Laborers' Welfare Fund Retiree Pre-Funded Subsidy Allowance.

Calculating Your Retiree Pre-Funded Subsidy Allowance

If you are eligible for the Retiree Pre-Funded Subsidy Allowance, your Retiree self-payment amount will be automatically reduced by the amount of the subsidy.

You may accumulate a maximum of 30 Retiree Subsidy Credits in your lifetime. You begin earning Retiree Subsidy Credits after 500 hours have been reported on your behalf during a calendar year. You are credited with a maximum of one Retiree Subsidy Credit for 1,000 or more hours for which contributions have been paid on your behalf in a fiscal year. Retiree Subsidy Credits are calculated as shown below:

If You Work:	Retiree Subsidy Credits You Earn Are:
Less than 500 contribution hours	0.0
500 – 599 contribution hours	0.5
600 – 699 contribution hours	0.6
700 – 799 contribution hours	0.7
800 – 899 contribution hours	0.8
900 – 999 contribution hours	0.9
1,000 or more contribution hours	1.0

Your Retiree Subsidy Credits are multiplied by the amount of the monthly subsidy to determine the dollar amount that will be subtracted from your quarterly Retiree self-payment amount. If the self-payment amount is lower than the Retiree Pre-Funded Subsidy, you or your spouse will have the self-payment reduced by the lesser amount.

For Example:

Ned's initial retirement began April 1, 2002 and he accumulated 22.8 Retiree Subsidy Credits before he retired. For 2002, the amount of the Retiree Pre-Funded Subsidy Allowance is \$11.54 per Retiree Subsidy Credit. Ned's monthly Retiree Pre-Funded Subsidy Allowance is \$263.11 ($\11.54×22.8 Retiree Subsidy Credits). The monthly Retiree Pre-Funded Subsidy Allowance amount is multiplied by three months and then subtracted from Ned's quarterly self-payment to determine the amount of his self-payment. If Ned chose a POS Plan that costs \$1,800 per quarter for family coverage, his self-payment would be \$1,010.67 each quarter ($\$1,800 - (3 \times \$263.11)$).

DEFINITIONS:

SIMILAR CRAFT PENSION: Any pension provided to an employee and administered through a Trust governed by ERISA and providing retirement benefits to an employee who was covered in the past, is covered presently or may receive coverage in the future under the Central Laborers' Welfare Fund Plan.