

**SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS**

**NEW YORK STATE TEAMSTERS COUNCIL
HEALTH & HOSPITAL FUND**

(Plan No.: 501; I.D. No.: 15-0551885)

February 5, 2018

Dear Participant:

The following is a notice for your Health & Hospital Fund disability insurance benefits as a result of legislation passed by New York State.

NEW YORK PAID FAMILY LEAVE

Effective January 1, 2018, New York State Paid Family Leave (“PFL”) insurance coverage will be provided by the Health and Hospital Fund pursuant to an insurance policy with Union Labor Life (“Ullico”).

Your PFL coverage under Ullico’s policy is dependent on your employer remitting the necessary premiums on a timely basis to the Fund Office, and you meeting any applicable eligibility requirements under the policy. The premiums for PFL coverage may be funded entirely by employee payroll deductions.

PFL provides paid time away from work for the following reasons:

- To ***bond*** with a newly born, adopted, or fostered child.
- To ***care*** for an eligible family member with a serious health condition.
- To ***assist*** family members when someone is deployed abroad on active military service.

In general, full-time employees are eligible for coverage after 26 weeks of consecutive employment and part-time employees are eligible after 175 days worked within a consecutive 52-consecutive period.

Subject to the terms of the insurance policy and New York State law, the benefit amounts are as follows:

Effective Date	Benefit Amount	Duration of Benefits
January 1, 2018	50% of the employee's average weekly wage not to exceed 50% of the state average weekly wage (current = \$1,305.92) or \$652.96	Up to 8 Weeks
January 1, 2019	55% of the employee's average weekly wage not to exceed 55% of the state average weekly wage	Up to 10 Weeks
January 1, 2020	60% of the employee's average weekly wage not to exceed 60% of the state average weekly wage	Up to 10 Weeks
January 1, 2021	67% of the employee's average weekly wage not to exceed 67% of the state average weekly wage	Up to 12 Weeks

The PFL coverage will be administered by Ullico. To file a claim for PFL benefits, you must contact the Fund Office or Ullico:

**The Union Labor Life Insurance Company
Claim Service Center
P.O. Box 49
Bloomfield, CT 06002
Toll Free 1-888-855-4261
Fax: 1.860.769.6986**

**8:00 am to 4:00 pm, Eastern Standard Time
(Monday through Friday)**

The completed claim forms must be submitted to Ullico by fax or mail.

If your PFL claim is denied and you wish to contest the denial, you must contact Ullico to file any appeal. Claims and appeal procedures are subject to the terms of the Ullico insurance policy.

Please keep this information with your Health & Hospital Fund Summary Plan Description for permanent reference.

If you have any questions regarding this notice please contact the Fund Office at 877.698.3863 or through our e-mail at benefits@nytfund.org

Sincerely,

BOARD OF TRUSTEES OF THE
NEW YORK STATE TEAMSTERS COUNCIL
HEALTH & HOSPITAL FUND