

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

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

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

July 30, 2009

Dear Participant:

This letter contains important information regarding changes adopted by the Board of Trustees of the New York State Teamsters Council Health and Hospital Fund (the "Fund"), as well as certain additional notices required under federal law. You should keep this letter with your copy of the Summary Plan Description for the Fund.

The Fund changes are summarized as follows:

1. Section 3, **Eligibility for Fund Benefits**, Subsection J, **Dependent Eligibility**, is amended effective January 1, 2010 to include the following language relating to coverage for unmarried eligible children who are full time students. The following paragraph is inserted at the end of the section titled Full Time Student in No. 2:

If a full-time student is required to take a medically necessary leave of absence from school, the Fund's coverage will continue upon receipt of a written certification of medical necessity by a treating physician. Coverage will continue until the earlier of either one year after the first day of the medically necessary leave of absence or the date when the coverage would otherwise terminate under the Fund. The physician's written certification must state that the student is suffering from a serious illness or injury and that the leave of absence or other change in student enrollment is medically necessary. A "medically necessary leave of absence" means a leave of absence from an institution, or any other change in the student's enrollment, that commences while the student is suffering from a serious illness or injury, is medically necessary and would otherwise cause the student to lose full time student status for purposes of Fund coverage.

2. Section 3, **Eligibility for Fund Benefits**, Subsection L, **Special Enrollment Rights**, has been amended to read as follows, effective April 1, 2009:

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to

enroll yourself or your dependents in the Fund under the following circumstances: (1) your spouse loses coverage as a result of a job loss; or (2) your spouse's employer no longer offers health benefits to any employees. In either case, you must request enrollment within thirty (30) days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided you request enrollment within thirty (30) days after the marriage, birth, adoption or placement for adoption.

You and your dependents may also enroll in the Fund if you (or your dependents) have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request enrollment within 60 days after the Medicaid or CHIP coverage ends.

You and your dependents may also enroll in the Fund if you (or your dependents) become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.

It is important to promptly notify the Fund Office of any change in your family status due to marriage, birth of a child, death, divorce or judicial order of legal separation or any change of address.

If you have any questions, please contact the Fund Office at 315.455.9790 or 1.877.698.3863 and select Option 1.

Sincerely,

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