

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

**NEW YORK STATE TEAMSTERS COUNCIL
HEALTH & HOSPITAL FUND
GENERAL ELIGIBILITY & ERISA RIGHTS INFORMATION**

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

October 15, 2026

Dear Participant:

The Board of Trustees of the New York State Teamsters Council Health & Hospital Fund (“Fund”) is issuing this notice to memorialize the Fund’s longstanding rule and policy that eligibility is extended for life insurance benefits for a period up to six (6) months following the termination of a participant’s benefits, as described more fully below.

The following updates your General Eligibility & ERISA Rights Information booklet and you should keep this notice with your Summary Plan Description.

I.

Section 3 (H) of the General Eligibility & ERISA Rights Information booklet, concerning termination of eligibility for Fund benefits, now reads as follows:

H. TERMINATION OF ELIGIBILITY FOR FUND BENEFITS

Eligibility for Fund Benefits will cease on the earliest of the following dates:

1. The end of the Benefit Quarter which corresponds to the Qualifying Quarter in which you were last credited with thirty-six **(36)** days of contributions; or the required hours of contributions for Construction Participants or Part Time United Parcel Service Participants; or the required monthly contribution for monthly Employer Participants. If you take a leave of absence that is protected by the Family and Medical Leave Act of 1993 or New York Paid Family Leave and you would otherwise lose coverage during or after the leave period as a result of taking such leave, contributions by your employer and eligibility for benefits will continue during the leave periods, provided your employer makes the required contributions to the Fund;** or

2. The end of the Benefit Quarter which corresponds to the Qualifying Quarter or the month in which you receive the maximum Weekly Accident and Sickness Benefits from the Fund and you do not return to work with a participating employer;** or
3. For your dependents, the date your eligibility as an employee terminates or the date each dependent no longer qualifies as an eligible dependent specifically:
 - a. For all dependents in the event of your death, at the end of the last Benefit Quarter based on earned eligibility.
 - b. For your husband or wife, the date of a divorce or judicial order of legal separation.
 - c. For your children, (including your biological child, step-child, adopted child, child placed for adoption, or foster child, including a grandchild who has been placed with you by a court of competent jurisdiction) upon attainment of age 26.

Important: You or your dependent must notify the Fund Office of any events which affect eligibility for benefits. Failure to do so could delay or prevent your eligibility or the payment of claims.

****Please Note:** The Fund will continue to pay life insurance premiums for you for up to six (6) months following the date your benefits are terminated.

If you have any questions about this notice, please contact the Fund Office at 315.455.9790.

Sincerely,

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