

**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 2017

Dear Participant:

The following is an updated notice for your Health & Hospital Fund Health Reimbursement Account (“HRA”) Summary Plan Description Booklet effective January 1, 2017:

The following language is hereby added to the end of Section 1, **Health Reimbursement Accounts -General**:

Beginning January 1, 2017, the Qualified Expenses of your eligible dependents may only be reimbursed if your eligible dependents were enrolled in group medical coverage at the time such expenses were incurred.

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

Sincerely,

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