



425 Eagle Rock Avenue
Suite 105
Roseland, NJ 07068

973 228-4200
Fax 973 228-4240

MEMORANDUM

DATE: 04/01/17

TO: Participants of the Joint Welfare Fund of Local 164, IBEW
SUMMARY OF MATERIAL MODIFICATION TO THE
JOINT WELFARE FUND OF LOCAL 164, IBEW
EIN: 22-1537766

The following is a modification to the provisions of the Summary Plan Description. Keep it with your copy of the Summary Plan Description for easy reference.

Retroactive to January 1, 2017, the Joint Welfare Fund will make the following changes:

1. The Fund has increased the hearing aid benefit from \$550 per ear every 3 years to \$1500 per ear every three years.
2. Specialized non-standard medically necessary infant formula prescribed by a pediatrician for infants diagnosed as having multiple food protein intolerance will be covered under the medical plan up until the baby's first birthday under the non-participating benefit. Member must submit a detailed receipt along with a letter of medical necessity or a prescription from the pediatrician for member reimbursement along with a Local 164 Medical claim form. Claims will be subject to deductible and then payable at 50%. Any unreimbursed amounts then be submitted by the member for payment through the Health Reimbursement account if applicable.

Sincerely,

Board of Trustees, IBEW Local Union No. 164 Welfare Fund