



# TEAMSTERS LOCAL 170 HEALTH & WELFARE FUND

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## \*IMPORTANT BENEFIT INFORMATION REGARDING LIFE INSURANCE AND AD&D BENEFITS

March 31, 2022

Dear Teamster Local 170 Health & Welfare Member:

### Notice: change in Life Insurance and AD&D Claims Administrator.

Presently, life insurance and Accidental Death and Dismemberment Benefits are administered by the Hartford Insurance Company. Effective June 1, 2022 the Hartford will no longer serve as the administrator for these benefits and shall be replaced by Symetra Life Insurance Company. The Trustees have delegated to Symetra the exclusive right, power and authority, in its sole and absolute discretion, to interpret the Plan (including the terms of the Plan set forth in the attached enclosures) including but not limited to) the sole and absolute discretionary authority to take all actions and make all decisions regarding questions of coverage, eligibility, and entitlement to benefit and benefit amounts, and to process and approve or deny all claims for benefits.

### Life Insurance Benefit – ACTIVE EMPLOYEES ONLY

The Fund has procured group life insurance coverage from Symetra Life Insurance Company (“Symetra”), which provides fifty thousand dollars (\$50,000) in coverage for active full time employees and twenty-five thousand dollars (\$25,000) for active part time employees. This coverage will first become effective June 1, 2022 and replaces the coverage previously supplied by the Hartford. The coverage applies only to active employees. **Retired Employees and Dependents are not provided the life insurance benefit.** Active employees are automatically enrolled in this plan when they meet eligibility requirements. Payment will only be made by Symetra if all terms and conditions of the policy have been satisfied. **Consequently, the terms, conditions and exclusions of the life insurance policy shall in all respects govern the payment of benefits.** A copy of the life insurance benefit plan (s) are enclosed and shall replace Attachments #10 and #11 of your summary plan description.

### **Filing a Life Insurance Claim**

To file a life insurance claim:

- A family member must call Teamsters Local 170 Health and Welfare Fund and ask for the appropriate claim form

- Teamsters Local 170 Health and Welfare Fund will send the claim form to the designated beneficiary
- The beneficiary completes and returns the form to the Teamsters Local 170 Health and Welfare Fund
- A certified copy of the death certificate must be provided
- See attachments enclosed which describe the Plans Claims and Appeals procedures for filing claims and appeals for life insurance benefits

### **Facility of Payment**

If, at the time of death, there is no designated Beneficiary with respect to all or any part of the Life Insurance Benefit, or if the designated Beneficiary does not survive the Participant, the Life Insurance Benefit (or any portion thereof) for which there is no designated Beneficiary will be paid in the following order of priority to the Participant's:

- Executor/Administrator; or
- Spouse; or
- Child or Children (in equal shares); or
- Mother and or Father (in equal shares)

### **Beneficiary Form**

A Participant may designate or change the name of his Beneficiary by filing a written, signed and witnessed request in a form satisfactory to the Fund Office. No change of Beneficiary will take effect until received by the Fund. When the change has been received, however, regardless of whether the Participant is then living or not, it will take effect as of the date of execution of the written request but without prejudice to the Fund on account of any payment made or any action taken or permitted by the Fund or its life insurance carrier before receipt of the request. Consent of the Beneficiary will not be required to change the Beneficiary.

### **Limitations**

No payment shall be made for any loss which is excluded by the Symetra Plan (s) which are enclosed with this document and to replace Attachments #10 and #11 of your Summary Plan Description.

### **Converting Teamsters Local 170 Health and Welfare Fund Life Insurance to an Individual Policy**

If your Teamsters Local 170 Health and Welfare Fund Life insurance ends for any reason, you can "convert" from Teamsters Local 170 Health and Welfare Fund to an individual policy. You will need to pay the premiums for this continued coverage.

To convert, you will not need to show evidence of insurability. However, you must apply for the conversion by completing a Notice of Conversion Right Form within 31 days after your active Teamsters Local 170 Health and Welfare Fund coverage ends. In addition, if you should die anytime during the 31-day conversion period Symetra will pay to your designated beneficiary the full amount of insurance you would have been entitled to convert.

The conversion rights provided to you are subject to the terms and conditions set forth in attachments enclosed which replaces attachments #10 and #11 of your Summary Plan Description.

### **Accelerated Death Benefit Option-Active Employees Only**

Teamsters Local 170 Health and Welfare Fund offers a special life insurance option that applies if you are under age 60 and certified by a doctor as being terminally ill and your illness is caused by a condition that is reasonably expected to result in a drastically limited life span of 24 months or less.

To help with some of the emotional and financial burdens that can occur at such a time, you are eligible to receive up to 80% of your total \$50,000 for full time employees or 80% of your total \$25,000 for part time employees while living. This option may only be exercised once. There are no restrictions on how to use the money you receive.

The accelerated death benefit is provided to you is subject to the terms and conditions set forth in the attachments enclosed which replaces attachments #10 and #11 of your Summary Plan Description.

### **Life Insurance Benefits if You're Disabled – Waiver of Premium**

Waiver of Premium is a provision which allows you to continue your life insurance coverage without paying premium while you are disabled and qualify for waiver of premium.

Disabled, means you are prevented by injury of sickness from doing any work for which you are, or could become qualified by: 1) education, 2) training or 3) experience. In addition, you would be considered disabled if you have been diagnosed with a life expectancy of 24 months or less.

The waiver of premium benefit is provided to you is subject to the terms and conditions set forth in attachments enclosed which replaces attachments #10 and #11 of your Summary Plan Description.

### **Accidental Death and Dismemberment Benefit- ACTIVE EMPLOYEES ONLY**

The Teamster Local 170 Health and Welfare Fund Accidental Death and Dismemberment (AD&D) Insurance Benefit provides the active employee with additional life and accident insurance protection. AD&D coverage is provided for the active employee only. Retired Employees and Dependents are not eligible for this benefit.

The Fund has procured group Accidental Death and Dismemberment coverage from Symetra first effective June 1, 2022. Symetra shall pay those benefits in accordance with the terms and conditions of the Symetra policy. If an active employee suffers certain kinds of serious injury as a result of an accident, Symetra pays the AD&D benefit to the active employee. If an active employee dies as a result of an accident, the AD&D insurance pays a benefit to the beneficiary designated by the active employee. The Plan provides this AD&D benefit in addition to the normal life insurance.

**AD&D Basic Benefits**

If you sustain an injury that results in any of the following losses within 365 days of the date of accident, you will be paid the amount of the principal sum, which is \$50,000.00 for full time active employees or \$25,000.00 for Part time employees, or a portion of the principal sum, as shown opposite the loss.

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The Fund has procured group Accidental Death and Dismemberment coverage from Symetra. Symetra shall pay those benefits in accordance with the terms and conditions of the Symetra policy. If an active employee suffers certain kinds of serious injury as a result of an accident, Symetra pays the AD&D benefit to the active employee. If an active employee dies as a result of an accident, the AD&D insurance pays a benefit to the beneficiary designated by the active employee. The Plan provides this AD&D benefit in addition to the normal life insurance.

**AD&D Basic Benefits**

If you sustain an injury that results in any of the following losses within 365 days of the date of accident, you will be paid the amount of the principal sum, which is \$50,000.00 for full time active employees or \$25,000.00 for Part time employees, or a portion of the principal sum, as shown opposite the loss.

<u>Loss</u>	<u>Benefit</u>
Loss of Life	Principal Sum
Loss of Both Hands	Principal Sum
Loss of Both Feet	Principal Sum
Loss of Sight of Both Eyes	Principal Sum

Loss of One Hand and One Foot	Principal Sum
Loss of One Hand and Sight of One Eye	Principal Sum
Loss of One Foot and Sight of One Eye	Principal Sum
Loss of Speech and Hearing (both ears)	Principal Sum
Loss of Speech or Hearing (both ears)	One-half Principal Sum
Loss of Sight of One Eye	One-half Principal Sum
Loss of Thumb and Index Finger of either Hand	One-quarter Principal Sum
Quadriplegia (movement of both upper and lower limbs)	Principal Sum
Triplegia (movement of three limbs)	Three-quarters Principal Sum
Paraplegia (movement of both lower limbs)	Three-quarters Principal Sum
Hemiplegia (movement of the upper and lower limbs of one side of the body)	One-half Principal Sum
Uniplegia (movement of one limb)	One-fourth Principal Sum
Loss of a hand or a foot	One-half Principal Sum

The Plan has certain technical definitions of the particular losses, limbs, or faculties identified above. If you need specific information on any of the occurrences described above contact the Fund office. It is important to note that the maximum AD&D benefit for any one accident is \$50,000.00 for active full time employees and \$25,000.00 for active part time employees.

**The terms, conditions and exclusions of the accidental death and dismemberment insurance policy shall in all respects govern the payment of benefits.** A copy of the Accidental Death and Dismemberment Benefit Plan can be found in the enclosures and replace Attachment #10 and #11 of your Summary Plan Description.

### **Limitations**

No payment shall be made or any loss which is excluded by the AD&D benefit plan found in the attachments enclosed which replace Attachments #10 & #11 of your Summary Plan Document.



## **Additional Provisions**

There is coverage for additional benefits, including a repatriation benefit, seatbelt coverage and an education benefit. These benefits are subject to the terms and conditions of the plan which can be found in the attachments enclosed which replace attachments #10 & #11 to your Summary Plan Document.

If you have any questions concerning these benefit changes, please contact the Fund office at 508-791-3416.

**Respectfully yours,**

The Board of Trustees  
Teamsters Local 170 Health & Welfare Fund

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This document is intended to serve as a "Summary of Material Modifications" (SMM) pursuant to the requirements of Section 104 of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). This SMM is provided to notify you of certain changes to the Teamsters Local 170 Health & Welfare Fund Pharmaceutical Benefit Plan. The effective dates of the changes are noted. Please keep this SMM with your Summary Plan Description for future reference. This document summarizes certain provisions of the Plan. If there is any conflict between the terms of the Plan document and this document, the terms of the Plan document will govern. The Teamsters Local 170 Health & Welfare Fund reserves the right to interpret and resolve any ambiguities in the Plan or any document relating to the Plan. If you have any questions after reviewing the SMM, you may call the Health & Welfare Fund at 1-508-791-3416. The Teamsters Local 170 Health & Welfare Fund reserves the right to change or terminate the health care benefits you currently receive, to change or terminate the eligibility of classes to be covered by the health plan, to change or terminate any health plan term or condition, and to terminate the entire health plan or any part of it at any time and for any reason. No consent of any employee/retiree is required to terminate, modify, amend or change the health care benefits provide by Teamsters Local 170 Health & Welfare Fund.

Teamsters Local 170 Health & Welfare Fund does not discriminate on the basis of race, color, national origin, age, disability or sex.