
SUMMARY PLAN DESCRIPTION

For Janitorial and Maintenance Participants in the
Service Employees' International Union
Local 32 BJ, District 36,
Building Operators Pension Plan
As Amended and Restated
Effective January 1, 2014
With Amendments Through November 21, 2019



Table of Contents

I. BASIC PLAN INFORMATION1

 1. What type of plan is this?.....1

 2. Who sponsors the Plan?1

 3. How is the Plan funded?1

 4. Which employers contribute to the Plan?1

II. ELIGIBILITY AND PARTICIPATION.....1

 5. Who is eligible to participate in the Plan?1

 6. What is Covered Employment?1

 7. When do I become a participant in the Plan?.....1

 8. How do I earn Hours of Service?2

 9. When do I cease participation in the Plan?3

 10. If I cease participation in the Plan but later return to Covered Employment, when do I become a participant again?.....3

III. CONTRIBUTIONS TO THE PLAN.....3

 11. Who makes contributions to the Plan?.....3

 12. May I make contributions to the Plan?3

IV. BENEFIT ACCRUALS4

 13. How do I accrue a benefit under the Plan?4

 14. How do I earn Regular Time Hours?4

 15. How much Credited Service do I earn for my Regular Time Hours?.....4

 16. What happens to my Credited Service if I terminate employment?5

V. VESTING.....5

 17. What does it mean to vest in my benefits, and when do I vest?5

 18. How do I earn Years of Service?5

 19. Do my Years of Service affect which types of benefits I am eligible to receive?6

 20. If I work for several employers and some of them do not contribute to the Plan, does my work for them count under the Plan?6

VI. BREAKS IN SERVICE AND BENEFIT FORFEITURE.....6

 21. Can I lose or forfeit my Credited Service or my accrued benefits?6

 22. What is a Break in Service?6

VII. CALCULATING YOUR BENEFIT7

 23. How is my benefit calculated?7

24. How do I calculate my benefit if I ceased to be a participant in the Plan prior to January 1, 2008?	7
VIII. RETIREMENT BENEFITS	7
25. When do I become eligible to receive a normal retirement pension benefit?	7
26. When do I become eligible to receive an early retirement pension benefit?	7
27. When do I become eligible for a deferred vested pension benefit?	8
28. May I defer receiving my benefits indefinitely?	8
29. How will my benefits be paid if I am not married?	8
30. How will my benefits be paid if I am married?	8
31. Are there any optional forms of benefits under the Plan?	9
32. If I have a small benefit, will I still receive an annuity?	9
IX. DISABILITY PENSION BENEFITS	9
33. Does the Plan have a disability retirement benefit and how do I become eligible?	9
34. What does it mean to terminate employment due to disability?	9
35. When do disability retirement benefits begin?	10
X. DEATH BENEFITS	10
36. Does the Plan have death benefits?	10
37. How does my spouse become eligible to receive a pre-retirement surviving spouse annuity benefit?	10
38. How does my non-spouse beneficiary become eligible to receive a pre-retirement death benefit?	11
39. How does my beneficiary become eligible to receive a single sum post-retirement death benefit?	12
40. How do I designate a beneficiary for the single sum post-retirement death benefit?	12
XI. SUSPENSION AND NONDUPLICATION OF BENEFITS	13
41. Once my benefit payments begin, can I lose them or can they be suspended?	13
42. If I am receiving loss of time accident and sickness benefits or am receiving a retirement benefit from an employer in the same industry, will my benefit be affected?	13
43. May I defer my commencement of distribution while I continue to work?	13
44. Will my Social Security benefits affect my benefits under the Plan?	13
XII. PLAN ADMINISTRATION	13
45. Who administers the Plan?	13
46. Is anybody else responsible for the administration of the Plan?	14
47. Who is the Plan's agent for service of legal process?	14

XIII. APPLICATION FOR BENEFITS AND BENEFIT CLAIMS.....	14
48. How do I begin receiving my benefits?	14
49. Is there a process for filing a claim for benefits?	14
50. If my application for benefits is denied, is there an appeals process?	14
51. What if a claim for benefits involves a disability determination?	16
52. May I assign my benefits?	17
XIV. PLAN AMENDMENT AND TERMINATION.....	17
53. May the Plan be amended?	17
54. May the Plan be terminated?.....	17
XV. ERISA RIGHTS AND PBGC GUARANTEED BENEFITS.....	17
55. What are my rights under the Employee Retirement Income Security Act of 1974?.....	17
56. Are my benefits guaranteed by the Pension Benefit Guaranty Corporation?	18

INTRODUCTION

This is the Summary Plan Description for janitorial and maintenance workers in the Service Employees' International Union Local 32BJ, District 36, Building Operators Pension Plan (the "Plan"). The Plan was originally established, effective November 1, 1959, as the Building Service Employee's International Union, Local 69 Pension Trust Fund pursuant to resolutions adopted December 29, 1959 by the Board of Trustees of the Building Service Employees' Union, Local 69 Pension Trust Fund and in accordance with an Agreement and Declaration of Trust dated December 6, 1959.

This Summary Plan Description is designed to highlight and summarize the important provisions of the Plan as Amended and Restated Effective January 1, 2014, with Amendments through November 21, 2019, and is not the Plan document pursuant to which the Plan is maintained. *In the event that there are discrepancies between this Summary Plan Description and the Plan document, the Plan document will control.*

BASIC PLAN INFORMATION

<u>Plan Name:</u>	Service Employees' International Union Local 32BJ, District 36, Building Operators Pension Plan
<u>Plan Sponsor:</u>	The Board of Trustees of the Service Employees' International Union Local 32BJ, District 36, Building Operators Pension Plan 1515 Market Street, Suite 1020 Philadelphia, Pennsylvania 19102
<u>Plan Administrator:</u>	The Plan Sponsor
<u>Plan Sponsor's Federal Tax Identification Number:</u>	23-6546776
<u>Plan Number:</u>	001
<u>Plan Year:</u>	January 1 through December 31
<u>Plan Effective Date:</u>	November 1, 1959
<u>Agent for Service of Legal Process:</u>	The Board of Trustees of the Service Employees' International Union Local 32BJ, District 36, Building Operators Pension Plan 1515 Market Street, Suite 1020 Philadelphia, Pennsylvania 19102

THE BOARD OF TRUSTEES

<u>EMPLOYER TRUSTEES</u>	<u>UNION TRUSTEES</u>
Robert Martin, RPA c/o SEIU Local 32BJ 1515 Market Street, Suite 1020 Philadelphia, PA 19102	Wayne MacManiman PA/DE Director of Employer Relations SEIU Local 32BJ 1515 Market Street, Suite 1020 Philadelphia, PA 19102
Michael J. Maher, RPA c/o SEIU Local 32BJ 1515 Market Street, Suite 1020 Philadelphia, PA 19102	Gabe Morgan PA/DE Director / Vice President SEIU Local 32BJ 1515 Market Street, Suite 1020 Philadelphia, PA 19102
Steven Logue c/o SEIU Local 32BJ 1515 Market Street, Suite 1020 Philadelphia, PA 19102	Manny Pastreich SEIU Vice President and Director of Collective Bargaining SEIU Local 32BJ 1025 Vermont Ave., NW – 7th Floor Washington, DC 20005

I. BASIC PLAN INFORMATION

1. What type of plan is this?

The Plan is a multi-employer defined benefit pension plan. A multi-employer plan is a plan to which more than one employer contributes, that is maintained pursuant to one or more collective bargaining agreements, and that is sponsored by a Board of Trustees consisting of both employer and union trustees. A defined benefit pension plan is a plan that provides you with a fixed monthly benefit in retirement pursuant to a formula set forth in the written Plan document.

2. Who sponsors the Plan?

The Plan's Board of Trustees sponsors the Plan. The Board of Trustees delegates many of the Plan's day-to-day administrative tasks to the Plan's Fund Office.

3. How is the Plan funded?

The Plan is funded entirely through employer contributions. The amount that a contributing employer is required to contribute to the Plan is established by the collective bargaining agreement pursuant to which the contributing employer contributes to the Plan. A multiemployer plan is required to meet certain funding levels determined by actuarial valuations of the plan's assets and liabilities, which may affect how much a contributing employer is required to contribute to a plan.

4. Which employers contribute to the Plan?

If you would like a list of the employers and employee organizations that contribute to or participate in the Plan, please contact the Fund Office. You also have the right to request copies of the collective bargaining agreements pursuant to which the Plan is maintained.

II. ELIGIBILITY AND PARTICIPATION

5. Who is eligible to participate in the Plan?

You are eligible to participate in the Plan if you are in "Covered Employment."

6. What is Covered Employment?

You are in Covered Employment if you are a janitorial or maintenance worker and a member of a collective bargaining unit represented by the Service Employees' International Union Local 32BJ, District 36 (the "Union") and are employed by an employer who is required to contribute to the Plan pursuant to a collective bargaining agreement with the Union.

7. When do I become a participant in the Plan?

You are a participant in the Plan if you were a participant as of August 1, 2009 and you remain in Covered Employment. If you were not already a participant in the Plan as of

August 1, 2009, you will become a participant on the first day of the month following the one-year anniversary date of the date you first complete an Hour of Service as a janitorial and maintenance worker, provided that you complete one-thousand (1,000) Hours of Service during the twelve (12) month period beginning with the date you first complete an Hour of Service (see Question 8 for more information about Hours of Service). If you do not complete one-thousand (1,000) Hours of Service during your initial twelve (12) month period, you will become a participant as of the first day of the calendar year in which you complete one-thousand (1,000) Hours of Service.

In any event, you will become a participant in the Plan on the first day that your employer begins making contributions to the Plan on your behalf.

8. How do I earn Hours of Service?

You earn an Hour of Service for each hour that you are paid, or are entitled to be paid, for performing duties as a janitorial and maintenance worker in Covered Employment with an employer (see Question 6 for more information about Covered Employment). You also may earn up to 501 Hours of Service for each hour that you are paid, or are entitled to be paid, for a period during which you perform no duties as a janitorial and maintenance worker while in Covered Employment due to the following:

- (i) Vacation;
- (ii) Holiday;
- (iii) Illness;
- (iv) Jury duty;
- (v) Military Duty; or
- (vi) Leave of absence.

You also earn eight (8) Hours of Service for each day that you are absent from work and you are receiving weekly and sickness benefits paid by the SEIU Local 32BJ Health Fund and for each working day within the waiting period immediately preceding your receipt of those benefits. You cannot earn more than two thousand (2,000) Hours of Service in a calendar year for periods you are receiving weekly and sickness benefits paid by the SEIU Local 32BJ Health Fund.

You also earn eight (8) Hours of Service for each day you are absent from work and are receiving Worker's Compensation benefits and for each working day in the waiting period immediately preceding your receipt of those benefits. You cannot earn more than two thousand (2,000) Hours of Service in a calendar year for periods you are receiving Worker's Compensation benefits.

9. When do I cease participation in the Plan?

You cease participating in the Plan upon the earliest of the following:

- (i) The date you stop working in Covered Employment;
- (ii) The date you forfeit your Credited Service (see Questions 21 and 22 for more information on forfeiting Credited Service); or
- (iii) The date of your death.

If you cease participation in the Plan, you will become a “Former Participant” if you are eligible for, or are receiving, a retirement benefit under the Plan.

In certain limited cases, you will continue to participate in the Plan if you leave Covered Employment, but remain employed by your employer or a different employer that has a collective bargaining agreement with the Union. You will be notified if this situation applies to you.

10. If I cease participation in the Plan but later return to Covered Employment, when do I become a participant again?

If you cease participation in the Plan but return to Covered Employment, you will become a participant again on the date you reenter Covered Employment unless you have fewer than five (5) Years of Service at the time you ceased participation in the Plan. If you had fewer than five (5) Years of Service at the time you ceased participation, you will need to meet the eligibility requirements in Question 7 unless your Years of Service exceeded the number of your consecutive one year Breaks in Service, in which case you will become a participant on the date you reenter Covered Employment as a janitorial and maintenance worker (see Questions 17-22 for more information about Years of Service and Breaks in Service).

III. CONTRIBUTIONS TO THE PLAN

11. Who makes contributions to the Plan?

The Plan is funded through employer contributions. Your employer is obligated to make contributions pursuant to the collective bargaining agreement between your employer and your collective bargaining unit.

12. May I make contributions to the Plan?

No, participant contributions of any kind are not permitted to be made to the Plan. This includes “rollover” contributions.

IV. BENEFIT ACCRUALS

13. How do I accrue a benefit under the Plan?

You earn “Credited Service” based on the “Regular Time Hours” (also called “Hours of Service”) you earn (see Question 14 for more information about Regular Time Hours). Your benefit will be based on your “Credited Service” multiplied by a monthly benefit amount.

14. How do I earn Regular Time Hours?

You earn a Regular Time Hour for each Hour of Service you earn, but you may not earn more than forty (40) Regular Time Hours per week (see Question 8 for more information about Hours of Service).

15. How much Credited Service do I earn for my Regular Time Hours?

Your Credited Service equals the sum of the following:

- (i) The Credited Service you had on November 15, 1968, if any;
- (ii) The Credited Service you earned, if any, during the period beginning November 15, 1968 and ending October 31, 1971 based on the following table:

<u>Regular Time Hours in Covered Employment in the Plan Year</u>	<u>Credited Service in the Plan Year</u>
Less than 500	0
500 - 999	.25
1,000 - 1,499	.50
1,500 - 1,999	.75
2,000 or more	1.00

- (iii) The Credited Service you earned, if any, for Plan Years beginning on or after November 1, 1971 (except for the period beginning November 1, 1997 and ending December 31, 1998) based on the following table:

<u>Regular Time Hours In Covered Employment in the Plan Year</u>	<u>Credited Service in the Plan Year</u>
Less than 135	0
135 - 269	0.1
270 - 404	0.2
405 - 674	0.3
675 - 809	0.4
810 - 944	0.5
945 - 1,214	0.6
1,215 - 1,349	0.7

1,350 - 1,619	0.8
1,620 - 1,799	0.9
1,800 or more	1.0

(iv) The Credited Service you earned, if any, for the period beginning November 1, 1997 and ending December 31, 1998 based on the following table:

<u>Regular Time Hours in Covered Employment in the Plan Year</u>	<u>Credited Service in the Plan Year</u>
Less than 135	0
135 - 269	0.1
270 - 404	0.2
405 - 674	0.3
675 - 809	0.4
810 - 944	0.5
945 - 1,214	0.6
1,215 - 1,349	0.7
1,350 - 1,619	0.8
1,620 - 1,799	0.9
1,800 - 1,934	1.0
1,935 - 2,069	1.1
2,070 or more	1.2

16. What happens to my Credited Service if I terminate employment?

You will cease accruing Credited Service if you leave Covered Employment. If you leave Covered Employment, you may forfeit your Credited Service if you incur five (5) or more consecutive one-year Breaks in Service and you are not vested in your benefit (see Questions 21 and 22 for more information on Breaks in Service).

V. VESTING

17. What does it mean to vest in my benefits, and when do I vest?

When you vest in your benefits, they become nonforfeitable. After you complete five (5) “Years of Service,” you will become 100% vested in your benefits (see Question 18 for more information on Years of Service). If you have fewer than five (5) Years of Service, you may forfeit your benefits if you incur five (5) or more consecutive Breaks in Service (see Section VI for more information on Breaks in Service).

18. How do I earn Years of Service?

You earn a Year of Service for each year during which you are credited with at least 750 Regular Time Hours (see Questions 14 for more information about Regular Time Hours). You earn one-half (1/2) Year of Service if you are credited with at least 375 Regular Time Hours, but fewer than 750 Regular Time Hours.

19. Do my Years of Service affect which types of benefits I am eligible to receive?

Yes. To be eligible to receive certain types of benefits under the Plan, you must earn a certain number of Years of Service. Please see Sections VIII and IX in this SPD for a description of the different types of benefits and the service requirements for becoming eligible for them.

20. If I work for several employers and some of them do not contribute to the Plan, does my work for them count under the Plan?

You may earn “Related Plan Vesting Service” for Service you accumulate under a “Related Plan,” which is a plan that has a reciprocal agreement with the Plan to recognize service for vesting purposes for employees who would not be vested for pension benefits because the employee’s Covered Employment is divided among various employers who have collective bargaining agreements with the Union.

VI. BREAKS IN SERVICE AND BENEFIT FORFEITURE

21. Can I lose or forfeit my Credited Service or my accrued benefits?

Yes, in certain circumstances. If you complete fewer than five (5) Years of Service and you incur five (5) or more consecutive one-year Breaks in Service, you will forfeit (lose) all of your Credited Service and your “Accrued Monthly Pension” (see Questions 23 and 24 for more information on your Accrued Monthly Pension).

22. What is a Break in Service?

You will have a one-year Break in Service if you fail to complete 375 Regular Time Hours during a Plan Year (see Questions 14 for more information about Regular Time Hours). You will not accrue a benefit during a Break in Service.

For Break in Service purposes, you will be deemed to still be in Covered Employment and will not incur a Break in Service while any of the following apply to you:

- (i) You are absent from work due to temporary layoff for a period not exceeding two (2) consecutive Plan Years;
- (ii) You are absent from work due to disability that is compensated by the SEIU Local 32BJ Health Fund;
- (iii) You are absent from work and are receiving a disability retirement pension under the Plan (see Article IX for more information on disability retirement pensions); or
- (iv) You are absent from work due to (i) your or your spouse’s pregnancy, (ii) the birth or adoption of your child, or (iii) the care for your child following its birth or adoption.

VII. CALCULATING YOUR BENEFIT

23. How is my benefit calculated?

To determine your “Accrued Monthly Pension,” your Credited Service is multiplied by the applicable accrual amount described below for the period during which you earned your Credited Service. If you are an employee of a contributing employer engaged in Covered Employment and a participant in the Plan on or after January 1, 2008, your Accrued Monthly Pension is the sum of the following:

- (i) With respect to Credited Service that you had on December 31, 2019, \$19.20 multiplied by your Credited Service for that period; and,
- (ii) For the period beginning January 1, 2020 and ending with the date your benefit is determined, your Credited Service for that period multiplied by \$22.08.

24. How do I calculate my benefit if I ceased to be a participant in the Plan prior to January 1, 2008?

If you ceased to be a participant prior to January 1, 2008, contact the Fund Office for an explanation describing the accrual schedule and calculation of your Accrued Monthly Pension. The Fund office may be reached at 215-568-3262 ext. 1400, or toll free at 1-800-338-9025.

VIII. RETIREMENT BENEFITS

25. When do I become eligible to receive a normal retirement pension benefit?

You are eligible for a normal retirement pension if you terminate employment on or after the date you attain your “Normal Retirement Age.” Your Normal Retirement Age is the later of the following:

- (i) the date you attain age 65; or
- (ii) the fifth (5th) anniversary of the date you commenced participation in the Plan.

If you are eligible for a normal retirement pension, your normal retirement pension will begin on the first day of the month following the date you terminate employment.

26. When do I become eligible to receive an early retirement pension benefit?

You are eligible for an early retirement pension if you terminate service (other than by reason of death) after you have attained age fifty-five (55) and completed five (5) Years of Service (see Question 18 for more information about Years of Service).

If you are eligible for an early retirement pension, your early retirement pension will begin on the first day of the month following the date you satisfy the requirements for an early

retirement pension. You may also elect to defer receipt of your early retirement pension to the first day of any later month up to the first day of the month following your sixty-fifth (65th) birthday.

If you elect to begin receiving an early retirement pension prior to your sixty-fifth (65th) birthday, your Accrued Monthly Pension will be reduced by one-half of one-percent (0.5%) for each month in the period beginning with the date your benefit commences and ending on the first day of the month following your sixty-fifth (65th) birthday.

27. When do I become eligible for a deferred vested pension benefit?

You are eligible for a deferred vested pension if you terminate employment (other than by reason of death) and have completed five (5) Years of Service but are not entitled to a normal, early, or disability retirement pension benefit.

If you are entitled to a deferred vested pension, your deferred vested pension will commence on the first day of the month following your sixty-fifth (65th) birthday.

You can elect, however, to begin receiving your deferred vested pension benefit upon attaining age fifty-five (55). If you elect to begin receiving a deferred vested pension prior to your sixty-fifth (65th) birthday, your Accrued Monthly Pension will be reduced by one-half of one-percent (0.5%) for each month in the period beginning with the date your benefit commences and ending on the first day of the month following your sixty-fifth (65th) birthday.

28. May I defer receiving my benefits indefinitely?

No. Payment of your vested pension benefits will begin no later than the sixtieth (60th) day after the close of the plan year in which the latest of the following occurs:

- (i) The date you attain your Normal Retirement Age (as described in Question 25);
- (ii) The fifth (5th) anniversary of the date you commenced participation in the Plan; and
- (iii) The date on which you terminate employment.

Note that if you continue to work past your Normal Retirement Age, you will continue to earn Credited Service but the Fund will not otherwise adjust your benefit to reflect late commencement.

29. How will my benefits be paid if I am not married?

If you are not married, your Accrued Monthly Pension will be paid as a straight life annuity (see Questions 23 and 24 for more information about your Accrued Monthly Pension).

30. How will my benefits be paid if I am married?

If you are married, your Accrued Monthly Pension will be paid in the form of a qualified joint and survivor annuity (see Questions 23 and 24 for more information about your Accrued Monthly Pension). A qualified joint and survivor annuity is an annuity for your life, with your surviving spouse receiving an annuity equal to 50% of the benefit paid during the joint lives of you and your spouse, and which is actuarially equivalent to your Accrued Monthly Pension payable in the form of a straight life annuity at your Normal Retirement Age (see Question 25 for more information about your Normal Retirement Age). The qualified joint and survivor annuity is calculated by multiplying your Accrued Monthly Pension by a factor that take into account the life expectancies of both you and your spouse.

31. Are there any optional forms of benefits under the Plan?

If you are not married, your benefits will be paid as provided in Question 29.

If you are married, however, you may elect to receive a qualified optional survivor annuity. A qualified optional survivor annuity is an annuity for your life, with your surviving spouse receiving an annuity equal to 75% of the benefit paid during the joint lives of you and your spouse, and which is actuarially equivalent to your Accrued Monthly Pension payable in the form of a straight life annuity at your Normal Retirement Age (see Questions 23 and 24 for more information about your Accrued Monthly Pension and Question 25 for more information about your Normal Retirement Age).

If you are married you may also elect, with your spouse's consent, to receive a pension in the same amount and providing the same benefits to your beneficiary as you would receive if you did not have a spouse at the time your pension commences (as provided in Question 29).

32. If I have a small benefit, will I still receive an annuity?

If the actuarial equivalent present value of your Accrued Monthly Pension is \$1,000 or less as of the date your benefits are to commence, your benefit will be paid in a single lump sum.

If your monthly retirement benefit is less than \$10.00 per month, the trustees of the Plan may make arrangements for less frequent payments of larger amounts.

IX. DISABILITY PENSION BENEFITS

33. Does the Plan have a disability retirement benefit and how do I become eligible?

If you terminate employment prior to your Normal Retirement Age by reason of disability, have attained age fifty (50) and you have completed ten (10) Years of Service, you will be eligible to receive a disability retirement pension (see Question 18 for more information about Years of Service).

34. What does it mean to terminate employment due to disability?

You will be deemed to terminate employment due to disability if the Board of Trustees determines (1) on the basis of medical evidence that the you have been totally disabled by bodily injury or disease for a period of no less than six (6) months, (2) that such disability has

prevented you from engaging in any further employment; (3) on the basis of medical evidence that your disability will be permanent and continuous during the remainder of your life; and (4) that you are unable to engage in or secure any other occupation or employment except for an activity that the Board of Trustees, in its sole discretion, approves.

The Board of Trustees may require you to submit to an examination by a competent physician, or physicians, selected by the Board of Trustees. If the Board of Trustees determines that you are disabled, it may require you to be re-examined not more frequently than semi-annually, to determine whether you continue to be disabled.

35. When do disability retirement benefits begin?

If you apply to the Board of Trustees for a disability retirement pension and the Board of Trustees determines that you are eligible to receive a disability retirement pension pursuant to the provisions of the Plan, your disability retirement pension will begin on the first day of the month following the date the Board of Trustees makes such a determination. You will not be entitled to payments for any period prior to the date that your disability retirement pension commences. Pursuant to the provisions of the Plan, if you became disabled prior to January 1, 2010, you will receive a lump sum payment equal to the amount of disability retirement pension payments that you could have received during the period beginning on the earlier of (i) the first day of the month after your disability has continued for a period of six (6) consecutive months, or (ii) the “date of entitlement” set forth in your Federal Social Security award if you have been awarded a disability retirement pension under the Federal Social Security Act, and ending on the date you begin receiving monthly disability retirement pension payments under the Plan.

For all disabilities that occur on or after January 1, 2018, no Participant shall be entitled to disability retirement pension for any period prior to the date that the Participant applied for or otherwise notified the Fund of his or her intent to apply for such benefit. Where a participant is awarded a disability retirement benefit under the Federal Social Security Act, the Fund will provide benefits as of the later of (1) the “date of entitlement”; or (2) the date that the Participant applied for or otherwise notified the Fund of his or her intent to apply for such a benefit.

X. DEATH BENEFITS

36. Does the Plan have death benefits?

Yes, the Plan has a pre-retirement surviving spouse annuity benefit, a \$3,000 single sum pre-retirement death benefit payable to your non-spouse beneficiary, and a \$2,000 single sum post-retirement death benefit.

37. How does my spouse become eligible to receive a pre-retirement surviving spouse annuity benefit?

Your spouse is eligible to receive a pre-retirement surviving spouse annuity benefit if you have a spouse and you either die while in Covered Employment on or after the date you

complete five (5) Years of Service or are a former participant who is entitled to a deferred vested pension and die prior to the time your deferred vested pension begins.

If your spouse is eligible to receive a pre-retirement surviving spouse annuity benefit, the pre-retirement surviving spouse annuity benefit will begin on the later of the date of your death or the date that you would have attained age fifty-five (55).

The amount of your spouse's pre-retirement surviving spouse annuity benefit is equal to the fifty-percent (50%) surviving spouse annuity of a qualified joint and survivor annuity (see Question 30 for more information about the qualified joint and survivor annuity). That amount will be reduced by one-half of one-percent (0.5%) for each month in the period beginning with the date the pre-retirement spouse annuity benefit commences and ending with the last day of the month in which you would have attained age sixty-five (65) had you not died.

Once you begin receiving a normal retirement pension, early retirement pension or disability retirement pension, your spouse will not be eligible to receive the pre-retirement surviving spouse annuity benefit when you die, even if your benefit payments are suspended at the time of your death because you returned to Covered Employment after your benefit payments had begun (see Question 41 for more information about suspension of benefit payments). Instead, your spouse will be eligible to receive the single sum post-retirement death benefit if you have designated your spouse as your beneficiary for purposes of the single sum post-retirement death benefit (see Questions 39 and 40 for more information about the single sum post-retirement death benefit and designating a beneficiary).

As described in Questions 30 and 31, if you are married, your normal retirement pension, early retirement pension or disability retirement pension may be paid in the form of a qualified joint and survivor annuity. The qualified joint and survivor annuity is different than the pre-retirement surviving spouse annuity benefit and the single sum post-retirement death benefit. If you elect to receive a qualified joint and survivor annuity and your benefit payments are suspended at the time of your death because you returned to Covered Employment after your benefit payments had begun, your surviving spouse, if any, will receive the survivor annuity under the qualified joint and survivor annuity regardless of whether you have designated your spouse as your beneficiary for purposes of the pre-retirement surviving spouse annuity benefit or the single sum post-retirement death benefit.

38. How does my non-spouse beneficiary become eligible to receive a pre-retirement death benefit?

If you die while in Covered Employment and do not have a surviving spouse who is eligible to receive a pre-retirement surviving spouse annuity benefit (as described in Question 37), your non-spouse beneficiary shall receive a pre-retirement death benefit. The pre-retirement death benefit is a single sum payment of \$3,000. If you do not designate a non-spouse beneficiary to receive the pre-retirement death benefit, it will be paid to one of the following in order of preference under the Plan:

- (i) Your children;
- (ii) Your parents;

- (iii) Your brothers and sisters;
- (iv) Your estate.

Once you begin receiving a normal retirement pension, early retirement pension or disability retirement pension, your non-spouse beneficiary will not be eligible to receive the pre-retirement death benefit when you die, even if your benefit payments are suspended at the time of your death because you returned to Covered Employment after your benefit payments had begun (see Question 41 for more information about suspension of benefit payments). Instead, your non-spouse beneficiary will be eligible to receive the single sum post-retirement death benefit if you have designated your non-spouse beneficiary as the beneficiary for purposes of the single sum post-retirement death benefit (see Questions 39 and 40 for more information about the single sum post-retirement death benefit and designating a beneficiary).

39. How does my beneficiary become eligible to receive a single sum post-retirement death benefit?

Your named beneficiary, which may be your spouse or a non-spouse beneficiary, is eligible to receive a single sum post-retirement death benefit if you die after you begin receiving a normal retirement pension, early retirement pension or disability retirement pension. The single sum post-retirement death benefit is \$2,000.

If your benefit payments are suspended at the time of your death because you returned to Covered Employment after your benefit payments had begun (see Question 41 for more information about suspension of benefit payments), your beneficiary will be eligible to receive the single sum post-retirement death benefit.

40. How do I designate a beneficiary for the single sum post-retirement death benefit?

For purposes of the single sum post-retirement death benefit, your spouse is your default designated beneficiary if you are married, but you are permitted to designate a different beneficiary by submitting a beneficiary designation form to the Board of Trustees. If you have not designated a beneficiary or if your beneficiary designation is not effective for any reason at the time of your death (for example, your designated beneficiary pre-deceases you), your spouse will be your beneficiary or, if you are not married, your benefits will be paid to one of the following classes of beneficiary, in order of preference under the Plan:

- (i) Your children;
- (ii) Your parents;
- (iii) Your brothers and sisters;
- (iv) Your estate.

XI. SUSPENSION AND NONDUPLICATION OF BENEFITS

41. Once my benefit payments begin, can I lose them or can they be suspended?

You will never forfeit (lose) your Accrued Monthly Pension once you have completed five (5) Years of Service or become eligible to receive a benefit (see Sections VI, VIII and IX for more information about vesting in your Accrued Monthly Pension and becoming eligible to receive benefits). Your benefit payments, however, will be suspended for any calendar month during which you complete forty (40) or more Hours of Service in:

- (i) The building maintenance and service industry; and
- (ii) An occupation in which you were employed at any time under the Plan; and
- (iii) The geographic area covered by the Plan at the time payment of benefits commenced.

You will receive a notice that your benefit payments will be suspended. If your benefits become suspended, they will resume no later than the first day of the third month after the calendar month in which you cease to be subject to the suspension of benefit payments.

42. If I am receiving loss of time accident and sickness benefits or am receiving a retirement benefit from an employer in the same industry, will my benefit be affected?

Yes. Generally, you will not receive retirement benefits under the Plan during any period that you are receiving loss of time accident or sickness benefits provided by your employer.

43. May I defer my commencement of distribution while I continue to work?

You may defer commencement of distribution while you continue to work, but if you defer commencement past your Normal Retirement Age, the Fund will not adjust your benefit to reflect late commencement.

44. Will my Social Security benefits affect my benefits under the Plan?

No, the amount of your Social Security benefits will not affect your benefits provided under the Plan.

XII. PLAN ADMINISTRATION

45. Who administers the Plan?

The Plan is administered by the Board of Trustees, which is comprised of three Trustees who are chosen by the Employers and three Trustees who are chosen by the Union. The Board of Trustees' contact and other information can be found in the introduction to this Summary Plan Description.

46. Is anybody else responsible for the administration of the Plan?

Yes. Although the Board of Trustees has the ultimate authority to administer the Plan, the Board of Trustees has delegated many of the daily administrative tasks to the Fund Office.

All Plan records are maintained at the Fund Office, which is located at 1515 Market Street, Suite 1020, Philadelphia, Pennsylvania 19102, Telephone No. (215) 568-3262. If you have a question regarding the Plan, you should contact the Fund Office.

47. Who is the Plan's agent for service of legal process?

Each Trustee is the agent for service of legal process and the address at which process may be served on any Trustee is 1515 Market Street, Suite 1020, Philadelphia, Pennsylvania 19102.

XIII. APPLICATION FOR BENEFITS AND BENEFIT CLAIMS

48. How do I begin receiving my benefits?

Your benefits will not commence until the first day of the month following the month in which you submit a proper written application for benefits to the Board of Trustees. The Board of Trustees will prescribe and provide the documentation that you must submit to begin receiving your benefits. You must contact the fund office to request the appropriate documents. Your application for benefits must be submitted to the Board of Trustees, in care of the Fund Office.

49. Is there a process for filing a claim for benefits?

Yes. Under the Plan, you, your Beneficiary, or his/her authorized representative (the "Claimant") must follow the administrative procedures for filing a claim for benefits. A claim for benefits must be in writing and will be reviewed by the Trustees in accordance with the procedures established for review.

The Trustees will provide the Claimant with a written or electronic notice of the decision with respect to the claim for benefits within thirty (30) days from the date on which the Trustees received the claim. If special circumstances require an extension of time for processing the claim, the Claimant will receive written or electronic notice of the extension before the initial thirty (30) day period expires and the notice will state the reason for the extension of time, and the date the final decision is expected.

50. If my application for benefits is denied, is there an appeals process?

Yes.

If the Claimant's claim is denied, the written or electronic notice of the denial will include:

- (i) The specific reason(s) for the denial,

- (ii) References to the Plan provision(s) upon which the denial is based,
- (iii) A description of any additional information or material necessary to perfect the claim and an explanation of why such material or information is needed.
- (iv) An explanation of the Plan's appeals procedures, and
- (v) A statement of the Claimant's right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), if his or her claim is denied upon appeal.

The Claimant must follow and first exhaust the administrative procedures set forth by the Plan before seeking any other form of relief. If the Claimant disagrees with the decision, the Claimant has sixty (60) days from the date on which the Claimant received notice of the claim denial to file a written appeal with the Trustees. The Claimant's appeal may include written comments, documents, records and other information relating to his/her claim. The Claimant may review all pertinent documents and upon request, will have access to or be provided free of charge, copies of documents, records, and other information relevant to the claim.

The Trustees will fully and fairly review the appeal, taking into account all claim related comments, documents, records, and other information submitted by the Claimant regardless if the information was submitted as part of the initial claim or considered under the initial determination or review of the initial determination.

The Trustees will review the Claimant's appeal at their quarterly meeting immediately following receipt of the Claimant's appeal, unless the Trustees received the appeal within thirty (30) days of the date of the meeting. In that case, the Claimant's appeal would be reviewed by the second quarterly meeting following receipt of the appeal. The Claimant may wish to contact the Plan concerning the date of the next meeting, so that he/she may submit his/her appeal in time to be heard at that meeting. If special circumstances require an extension of time for reviewing the Claimant's claim, he/she will be notified in writing of the need for the extension. The notice will be provided prior to the commencement of the extension, describe the special circumstances requiring the extension, and set forth the date the Trustees will decide the Claimant's appeal.

If the appeal is denied, the written or electronic notice will include:

- (i) The specific reasons for the denial,
- (ii) References to the Plan provision(s) upon which the denial is based,
- (iii) A statement informing the Claimant's right to receive, upon request and free of charge, reasonable access to, and copies of all documents, records, and other information relating to the claim for benefits.

- (iv) A statement of the Claimant's right to bring a civil action under ERISA Section 502(a).

51. What if my claim for benefits involves a disability determination?

If a claim for benefits involves a disability determination, and it is denied, the Plan will provide the Claimant written or electronic notice in a culturally and linguistically appropriate manner of the adverse benefit determination within thirty (30) days containing the following:

- (i) Specific reason(s) for the denial,
- (ii) Reference to the specific plan provision(s) on which the determination is based,
- (iii) A description of any additional material or information necessary for the Claimant to perfect the claim and an explanation of why such material or information is necessary,
- (iv) Either the specific internal rules, guidelines, protocols, standards or other similar criteria of the Plan relied upon in making the adverse determination or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Plan do not exist; and
- (v) A description of the Plan's review procedures and the time limits applicable to such procedures, including a statement of the Claimant's right to bring a civil action under ERISA Section 502(1) following an adverse benefit determination on review.

The Claimant will have a reasonable opportunity to appeal an adverse benefit determination to the Trustees under which there will be a full and fair review of the claim and adverse benefit determination. The Claimant will be provided one hundred eighty (180) days following receipt of a notification of an adverse benefit determination within which to appeal the determination.

The Trustees will review the Claimant's appeal at their quarterly meeting immediately following receipt of the Claimant's appeal, unless the Trustees received the appeal within thirty (30) days of the date of the meeting. In that case, the Claimant's appeal would be reviewed by the second quarterly meeting following receipt of the appeal. The Claimant may wish to contact the Plan concerning the date of the next meeting, so that he/she may submit his/her appeal in time to be heard at that meeting. If special circumstances require an extension of time for reviewing the Claimant's claim, he/she will be notified in writing of the need for the extension. The notice will be provided prior to the commencement of the extension, describe the special circumstances requiring the extension, and set forth the date the Trustees will decide the Claimant's appeal.

52. May I assign my benefits?

Generally, your benefits may not be assigned. Your benefits, however, may be subject to claims under a qualified domestic relations order (QDRO) or other order issued by a court. Such orders could require the Plan, for example, to garnish or assign a portion of your benefits for child support or alimony, or the payment of a criminal fine. You can request from the Fund Office a copy, without charge, of the Plan's procedures governing the determination of the QDRO.

XIV. PLAN AMENDMENT AND TERMINATION

53. May the Plan be amended?

Yes, the Plan may be amended from time to time by unanimous consent of the Board of Trustees. Any amendments to the Plan cannot deprive you or your beneficiary of any vested rights you have to your Accrued Monthly Pension.

54. May the Plan be terminated?

The Board of Trustees may terminate the Plan by unanimous consent. The Plan may be partially terminated by discontinuing the participation of specified groups of employees or it may be terminated in full. If your participation in the Plan is affected by the Plan's full or partial termination, you will become one-hundred percent (100%) vested in your Accrued Monthly Pension to the extent that your Accrued Monthly Pension is funded as of the termination date. The Board of Trustees, in their discretion, may arrange for the purchase of annuity contracts to fund participants' benefits upon the Plan's termination.

XV. ERISA RIGHTS AND PBGC GUARANTEED BENEFITS

55. What are my rights under the Employee Retirement Income Security Act of 1974?

As a participant in the Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all Plan Participants are entitled to:

- (i) Examine, without charge, at the Fund Office, all Plan documents, including insurance contracts and copies of all documents, filed by the Plan with U.S. Department of Labor, such as detailed annual reports and Plan descriptions.
- (ii) Obtain copies of all Plan documents, and other Plan information upon written request to the Board of Trustees. The Board of Trustees may make a reasonable charge for the copies.
- (iii) Receive an annual funding notice of the Plan's funded percentage.
- (iv) Obtain a statement telling you whether you have a right to receive a benefit at age 65 and if so, what your benefits would be at such date if you stopped working under the Plan now. If you do not have a right to a

benefit, the statement will tell you how many more years you have to work to get such a right. This statement must be requested in writing and is not required to be given more than once every twelve (12) months. The Plan must provide the statement free of charge.

In addition to creating rights for participants, ERISA imposes duties upon the individuals who are responsible for the operation of the Plan. These individuals, called “fiduciaries” of the Plan, have a duty to act prudently in your interest and that of the other participants and beneficiaries. No one, including your Employer, may terminate you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA. If your claim for a benefit is denied, in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Board of Trustees review and reconsider your claim.

Under ERISA, there are steps you can take to enforce the above rights. The following examples will show you action that you may take.

- (i) First, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Board of Trustees to provide the materials and pay up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Board of Trustees.
- (ii) Second, if you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court.
- (iii) Third, if it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a federal court. The court will decide who would pay court and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about your Plan, you should contact the Board of Trustees. If you have any questions about your rights under ERISA, you should contact the nearest Regional or District Office of the U.S. Department of Labor, Employee Benefits Security Administration (“EBSA”). Addresses and phone numbers of Regional or District EBSA Offices are available on the EBSA website at www.dol.gov/ebsa.

56. Are my benefits guaranteed by the Pension Benefit Guaranty Corporation?

Your pension benefits under this multiemployer plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a federal insurance agency. A multiemployer plan is a collectively bargained pension arrangement involving two or more unrelated employers, usually in a common industry.

Under the multiemployer plan program, the PBGC provides financial assistance through loans to plans that are insolvent. A multiemployer plan is considered insolvent if the plan is unable to pay benefits (at least equal to the PBGC's guaranteed benefit limit) when due.

The maximum benefit that the PBGC guarantees is set by law. Under the multiemployer program, the PBGC guarantee equals a participant's years of service multiplied by (1) 100% of the first \$11 of the monthly benefit accrual rate and (2) 75% of the next \$33. The PBGC's maximum guarantee limit is \$35.75 per month times a participant's years of service. For example, the maximum annual guarantee for a retiree with 30 years of service would be \$12,870.

The PBGC guarantee generally covers: (1) Normal and early retirement benefits; (2) disability benefits if you become disabled before the plan becomes insolvent; and (3) certain benefits for your survivors.

The PBGC guarantee generally does not cover: (1) Benefits greater than the maximum guaranteed amount set by law; (2) benefit increases and new benefits based on plan provisions that have been in place for fewer than 5 years at the earlier of: (i) The date the plan terminates or (ii) the time the plan becomes insolvent; (3) benefits that are not vested because you have not worked long enough; (4) benefits for which you have not met all of the requirements at the time the plan becomes insolvent; and (5) non-pension benefits, such as health insurance, life insurance, certain death benefits, vacation pay, and severance pay.

For more information about the PBGC and the benefits it guarantees, ask your plan administrator or contact the PBGC's Technical Assistance Division, 1200 K Street, N.W., Suite 930, Washington, D.C. 20005-4026 or call 202-326-4000 (not a toll-free number). TTY/TDD users may call the federal relay service toll-free at 1-800-877-8339 and ask to be connected to 202-326-4000. Additional information about the PBGC's pension insurance program is available through the PBGC's website on the Internet at <http://www.pbgc.gov>.



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Philadelphia, PA 19102



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