

RE: Pension Application
Member ID #: XXX-XX

Dear Participant,

Our office was recently notified of your possible upcoming retirement as a result of a disability. Enclosed are all of the pension application documents with the Construction Laborers' Pension Trust of Greater St. Louis. Please carefully read and complete any/all the documents you understand in its entirety. Some documents require a notary. Therefore, you and your spouse, if any must sign with a notary present. Our office has notaries who can also assist you. You must submit the completed pension application to our office in order to be considered for a possible disability pension.

In order to be eligible for a Disability Pension you are required to meet all of the following requirements;

- a. You have been deemed totally and permanently disabled
- b. Your total and permanent disability has continued for four months
- c. You have 9 (nine) or more Pension Credits and you have worked in Covered Employment for at least 300 hours in the 24 months immediately preceding the date you were deemed disabled.

Our office will need copies of the following documents:

- **birth certificates for you and your spouse, if any**
- **marriage license with the seal**
- **all divorce decree(s) documents if you ever divorced**
- **military records if you served in armed forces**
- **voided check for the account which you elect to have your payment deposited**
- **Photo ID (driver's license)**
- **social security cards for you and your spouse**

If you wish, you may contact our office to schedule an appointment for assistance with completing these enclosed documents. If you chose to complete the documents without assistance, I have enclosed a self addressed pre-paid envelope for you to return the documents.

Meanwhile, please allow **15 business days** from the date our office receives the enclosed forms to contact you. Please do not hesitate to contact me at 314.644.2777 ext. 3, (800) 489.0228 ext. 3 or via e-mail at pension@stllaborers.com should you have any questions or concerns. We look forward to hearing from you!

Sincerely,
Construction Laborers' Pension Trust of Greater St. Louis

Enclosure: Pension documents, pgs. 1-12 and Pension Summary Plan Description

Directions to the Laborers' Benefit Office

From I44 West

1. I44 East to Hampton Avenue
2. South on Hampton Avenue (right)
3. East on Elizabeth Avenue (left)
4. South on 59th Street (right)
5. We are the 1st building on the right with windows all around the building.

From I44 East

1. I44 West to Hampton Avenue
2. South on Hampton Avenue (left)
3. East on Elizabeth Avenue (left)
4. South on 59th Street (right)
5. We are the 1st building on the right with windows all around the building.

From Highway 40 East

1. Highway 40 West to Hampton Avenue
2. South on Hampton Avenue (left)
3. East on Elizabeth Avenue (left)
4. South on 59th Street (right)
5. We are the 1st building on the right with windows all around the building.

From Highway 40 West

1. Highway 40 East to Hampton Avenue
2. South on Hampton Avenue (right)
3. East on Elizabeth Avenue (left)
4. South on 59th Street (right)
5. We are the 1st building on the right with windows all around the building.



PENSION APPLICATION
Construction Laborers' Pension Trust of Greater St. Louis
2357 59th Street • St. Louis, MO 63110

INFORMATION

Member Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ - _____ - _____ Date of Birth: ____/____/____

Email: _____

Marital Status: Single Married Divorced Separated Widowed

Have you ever been divorced? Yes No **If yes, what year did you become divorced?** _____

If divorced, please provide copy of Dissolution of Marriage (Divorce Decree), Domestic Relations Order (QDRO) pending qualification and/or a Qualified Domestic Relations Order (QDRO).

SPOUSE/PRIMARY BENEFICIARY INFORMATION

Name: _____ Relationship: _____

Address: _____

SSN: _____ - _____ - _____ Date of Birth: ____/____/____ Date of Married: ____/____/____

If you are married, your spouse is automatically your beneficiary. If you are single, the above is your primary beneficiary.

WORK HISTORY

Date last worked: _____ Date you retired or intend to retire: _____

To which local do you belong: _____ Date you first joined the union: ____/____/____

Were you a member of any other local unions that are affiliated with the Construction Laborers' Pension Trust of Greater St. Louis? Yes No If Yes, list local(s) below:

Local Union No.	From	To	Local Union No.	From	To

Do you want the Pension Fund to withhold your monthly Union Dues from your pension payments? Yes No

**Union dues will be withheld monthly and submitted to your Local. Rates are subject to change each year and the Pension Fund will adjust accordingly as long as you are having your dues withheld from your pension payment. Your election to have union dues deducted from your pension check is voluntary and may be revoked at any time by your written, signed notice to the Pension Fund.*

Do you want the Pension Fund to withhold monthly LIUNA PAC contributions from your pension payments?

Yes No

If Yes, please complete the enclosed form.

**LIUNA PAC will be withheld monthly and submitted to LIUNA PAC.*

Your election to have LIUNA PAC contributions deducted from your pension check is voluntary and may be revoked at any time by your written, signed notice to the Pension Fund.

Did you serve in the armed forces of the United States? Yes No If Yes, complete the following:

Branch of Service	Date Entered	Date Discharged/Separated

Type of Pension: Regular Early Disability 30 & Out

I hereby apply for a pension from the Construction Laborers' Pension Trust of Greater St. Louis and certify that all statements in this application are true to the best of my knowledge and belief. If a pension is granted to me, I agree to be bound by all the rules and regulations of the pension plan and will personally endorse all pension checks received by me. I hereby authorize the Pension Fund office to utilize any of my Welfare documents which I provided to Welfare Fund.

Member Signature: _____ Date: _____



PAYMENT ELECTION FORM

Construction Laborers' Pension Trust of Greater St. Louis
 2357 59th Street • St. Louis, MO 63110

If you are married, your pension is payable in the Husband and Wife form unless that form of payment is properly rejected, by you and your spouse, on the enclosed rejection form.

INFORMATION

Member Name: _____ Pension Effective Date: ____/____/____

SSN: _____ - _____ - _____ Date of Birth: ____/____/____

If you are married, your pension is payable in the Husband and Wife form unless that form of payment is properly rejected by you and your spouse on the enclosed forms.

Prior to making a benefit election below, please read the *Explanation of Benefit Payment Options* included in your forms packet.

Payment Instructions

Payment Instructions

I hereby elect to receive my distribution in the following form:

Select One Option	Member Amount	Survivor Amount
<input type="radio"/> Lifetime Benefit with 36month guarantee	_____	_____
Husband and Wife Option		
<input type="radio"/> 50% Joint & Survivor	_____	_____
<input type="radio"/> 66 2/3% Joint & Survivor	_____	_____
<input type="radio"/> 75% Joint & Survivor	_____	_____
<input type="radio"/> 100% Joint & Survivor	_____	_____
Level Income Option		
<input type="radio"/> Single Life until 62	_____	_____
Single Life after 62	_____	_____
<input type="radio"/> 50% Joint & Survivor until 62	_____	_____
50% Joint & Survivor after 62	_____	_____
<input type="radio"/> 66 2/3% Joint & Survivor until 62	_____	_____
66 2/3% Joint & Survivor after 62	_____	_____

****Please see following page for more Level Income Options.****

- 75% Joint & Survivor until 62 _____
- 75% Joint & Survivor after 62 _____
- 100% Joint & Survivor until 62 _____
- 100% Joint & Survivor after 62 _____
- Single Life until 65 _____
- Single Life after 65 _____
- 50% Joint & Survivor until 65 _____
- 50% Joint & Survivor after 65 _____
- 66 2/3% Joint & Survivor until 65 _____
- 66 2/3% Joint & Survivor after 65 _____
- 75% Joint & Survivor until 65 _____
- 75% Joint & Survivor after 65 _____
- 100% Joint & Survivor until 65 _____
- 100% Joint & Survivor after 65 _____

I elect to receive my distribution in the form checked. Upon making your benefit election, process with completing the applicable forms in the form packet.

Member Name (Printed)

Spouse Name (Printed)

Member Signature

Date

Spouse Signature

Date

EMPLOYEE'S STATEMENT

I, _____, do not wish to receive my pension benefits in the form of a Husband and Wife Pension. I understand that rejecting this form of pension means no benefits will be paid to my spouse by the pension plan after my death, unless I elect another option or unless benefits are payable under the sections of the plan. (Circle one)

- I hereby swear that I am not legally married at this time.
- I hereby swear that the person co-signing this document below is my current legal spouse.

Member Signature: _____ Date: _____

State of _____
County of _____ } SS:

On this _____ day of _____ 20 _____ before me came _____ to me known and known to be the person described in and who executed the foregoing statement and he/she duly acknowledged to me he/she executed the same.

Notary Public (Seal)

My Commission Expires _____

STOP!!! This form must be completed in front of a notary.

SPOUSE'S STATEMENT

I, _____, swear that I am the legal spouse of the employee described above. I hereby consent to my spouse's rejection of the Husband and Wife Pension. I understand that as a result, I will not be paid a pension for the Pension Plan after my spouse's death (unless death benefits are payable under provision of the Plan). I further recognize that because of this rejection, the pension paid to my spouse while he or she is living will be higher than it would be if I had the 50% survivor protection.

Spouse's Signature: _____ Date: _____

State of _____
County of _____ } SS:

On this _____ day of _____ 20 _____ before me came _____ to me known and known to be the person described in and who executed the foregoing statement and he/she duly acknowledged to me he/she executed the same.

Notary Public (Seal)

My Commission Expires _____



INCOME TAX WITHHOLDING
Construction Laborers' Pension Trust of Greater St. Louis
2357 59th Street St. Louis, MO 63110

INFORMATION

Member Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ - _____ - _____ Date of Birth: ____/____/____

Email: _____

FEDERAL INCOME TAX WITHHOLDING

Since we only withhold fixed amounts from your pension, any amounts elected to be withheld when you start your pension will remain the same until you change your withholding amounts.

- Check here if you **do not want** any **federal** income tax withheld from your pension.
Fixed amount of federal income tax you want withheld from each pension payment. \$ _____

MISSOURI INCOME TAX WITHHOLDING

- Check here if you **do not want** any **Missouri** income tax withheld from your pension.
Fixed amount of Missouri income tax you want withheld from each pension payment. \$ _____

Member Signature: _____ Date: _____



DIRECT DEPOSIT FORM
Construction Laborers' Pension Trust of Greater St. Louis
2357 59th Street • St. Louis, MO 63110

INFORMATION

Name of Pensioner: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ - _____ - _____ Date of Birth: ____/____/____

Email: _____

ACCOUNT INFORMATION

Type of depositor account: Checking Savings Do you elect to have direct deposit? Yes No

Routing No.

--	--	--	--	--	--	--	--	--	--

Deposit Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Depositor Account Title: _____

Financial Institution Name: _____

Financial Institution Address: _____

FINANCIAL INSTITUTION CERTIFICATION: I confirm the identity of the above-named payee and the account number and title. As representative to the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

Print or Type Representative Name Phone Number

Signature of Representative Date

PAYEE/JOINT PAYEE CERTIFICATION: I certify that I am entitled to the payments identified above and that I have read and understand the information contained within this form. In signing this form, I authorize my payments to be sent to the financial institution named above to be deposited to the designated account.

Signature of Pensioner Date

Signature of Joint Payee Date

SPECIAL NOTE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately inform both the pension office and the financial institution of the death of the beneficiary. Funds deposited after the date of death or ineligibility is returned to the pension office. The pension office will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the pension office or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that (s)he is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the pension office if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the pension office.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's direct deposit will continue to be received by the selected financial institution until the pension office is notified by the payee that the payee wishes to change the financial institution receiving the direct deposit. To effect this change, the payee will complete a new direct deposit form at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution received the payee's direct deposit payment.

FALSE STATEMENT OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both presenting a false statement or making fraudulent claims

RETURN FORM TO:

**Construction Laborers' Pension Trust of Greater St. Louis
2357 59TH Street
St. Louis, MO 63110
Phone: 314-644-2777 Fax: 314-645-6226**

RETIREMENT DECLARATION

Construction Laborers' Pension Trust of Greater St. Louis
2357 59th Street • St. Louis, MO 63110

In retiring on a pension from the Construction Laborers' Pension Trust of St. Louis, I state that I will be bound by all the Rules and Regulations of the Pension Plan.

I have read and understand the Plan rules about work after retirement while receiving my monthly check. I know that:

- I cannot work without losing my monthly benefit payment. (Section 6:6 2a) No working in Disqualifying Employment before age 62. After age 62, I cannot work more than 39 hours per month.
- I must tell the Board of Trustees within 30 days if I go back to work.
- I must tell the Board of Trustees when I quit work and want my pension payments to begin.
- I understand that I must personally sign each pension check if not directly deposited into my account.

Member Name: _____ Date: _____

Member Signature: _____

State of _____ }
County of _____ } SS:

On this _____ day of _____ 20 _____ before me came _____

to me known and known to be the person described in and who executed the foregoing statement and he/she duly acknowledged to me he/she executed the same.

Notary Public (Seal)

My Commission Expires

STOP!!! This form must be completed in front of a notary.



DISABILITY APPLICATION
Construction Laborers' Pension Trust of Greater St. Louis
2357 59th Street • St. Louis, MO 63110

INFORMATION

Member Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ - _____ - _____ Date of Birth: ____/____/____

Have you applied for Social Security Disability Benefits? Yes No

If yes, attach a copy of the Social Security Award.

Nature of your Disability _____

When you became disabled _____

Current Doctor's Name _____

Current Doctor's Address _____

Date of Most Recent Exam _____

Attach a copy of the medical examination report if you are not submitting a Social Security Benefit Award as proof of your disability.

Have you worked at any occupation since you became disabled? Yes No

If yes, describe the work and periods of employment:

Dear Sir or Madam:

It is the policy of the Board of Trustees to send applicants for disability pension to have an examination by a doctor chosen by the Trustees. You must be evaluated by one of the four physicians with Mercy Corporate Health. For your convenience, you have four locations to choose from. You must request to speak with the contact person listed below. All medical records should be delivered to your residence first. At least two weeks prior to your appointment, all medical records should be delivered to the office which you choose to be evaluated. Failure to provide two weeks to review your medical records, may result in a denial.

Mercy Corporate Health provides occupational services to clients in the community which includes the Veteran's Administration. Occupational health is founded on the principle of evaluating the physical demands and capabilities of a patient and determining the work status of the member. Dr. Paul Malak is the medical director and is Board Certified in Internal Medicine. In addition, is also pursuing additional Board Certification in Occupational Medicine. Dr. Malak has also completed training on disability exams.

Mercy Corporate Health - South County

13303 Tesson Ferry Road, Suite 50, St. Louis, MO 63128
Tel: 314-729-9995 FAX: 314-729-9994
Hours: 7 a.m. to 5 p.m., M-F
Contact: *Chrissy Stewart*

Mercy Corporate Health - Creve Coeur

11700 Studt Road, Creve Coeur, MO 63141
Tel: 314-989-9199 FAX: 314-989-9491
Hours: 7 a.m. to 5 p.m., M-F
Contact: *Jessica Wolf*

Mercy Corporate Health Center - Washington

1351 Jefferson Street Suite 208, Washington, MO 63090
Tel: 636-390-2600
Hours: 8 a.m. to 5 p.m., M-F
Contact: *Chrissy Stewart*

Mercy Corporate Health Center - Chesterfield

17701 Edison Avenue, Chesterfield, MO 63005
Tel: 636-735-4135
Hours: 8 a.m. to 5 p.m., M-F
Contact: *Jessica Wolf*



MEDICAL EXAMINATION REPORT

Construction Laborers' Pension Trust of Greater St. Louis
2357 59th Street • St. Louis, MO 63110

INFORMATION

Patient Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

This is to certify that I have examined the above-named individual on following day: _____

As a result of my examination:

I find that (s)he **is** expected to be permanently and continuously unable for the balance of his/her life to **work as a Laborer, or as employed immediately prior to disability by an employer participating in the Laborers' Benefit Funds.**

I find that (s)he is **not** totally and permanently disabled.

My opinion is based on the following:

Diagnosis _____

History _____

Date total disability started _____

Would you recommend a re-examination on a regular basis? Yes No

If yes, how often do you recommend re-examination? Annually Once Every Two Years

Other _____

Doctor's Signature: _____ Date: _____

MEDICAL RELEASE

I _____ hereby authorize _____ to release to the Trustees of the Construction Laborers' Pension Trust of Greater St. Louis any information of medical nature pertaining to my claim for Disability Pension benefits from the Fund.

Signature: _____ Date: _____



DISABILITY DECLARATION
Construction Laborers' Pension Trust of Greater St. Louis
2357 59th Street • St. Louis, MO 63110

Member Name: _____ SSN: _____ - _____ - _____

In retiring on a Disability Pension from the Construction Laborers Pension Trust of Greater St. Louis, I declare that I will be bound by all the Rules and Regulations of the Pension Plan, and that:

1. I will submit to periodic medical examinations in accordance with the directions of the Trustees.
2. I understand that the Trustees are the sole and final judges of total and permanent disability under the Rules of the Plan.
3. I will report to the Board of Trustees in writing all earnings from gainful employment within 15 days after the end of each month in which I had such earnings and I recognize that engaging in any employment or gainful pursuit in the Building Trades Industry will disqualify me for a Disability Pension.
4. I understand that I may not work as a Laborer or in any type of employment within the jurisdiction of the International Hod Carriers, Building and Common Laborers' Union of America, AFL-CIO.
5. I understand that I must personally endorse each pension check if not directly deposited into my account.

The signature appearing below will be used as my endorsement on all Pension Fund checks.

Signature: _____ Date: _____

Member ID: _____

Dear Participant,

As a result of your retirement, you have the option to elect **Retiree** benefits effective _____, with the Greater St. Louis Construction Laborers' Welfare Fund or **COBRA** continuation of coverage. Your benefits under the Plan will terminate on _____. Retiree rates are subject to change on an annual basis which is typically January of each year.

If you choose to elect the **Retiree** continuation of coverage, your benefits will continue to include the Medical, Dental, Hearing Aid, Vision Care Benefits, Member Assistance Program (MAP), Prescription Drug program and a \$2,500 life insurance death benefit. The Group Life & Accident Death & Dismemberment (AD&D) coverage you had as an active employee of \$10,000 has terminated and the \$2,000 dependent coverage has terminated. You have the option to convert \$7,500 which is the amount of group life insurance available for conversion due to your retirement from the Plan and the \$2,000 dependent group life insurance. Be sure to review the enclosed Life Insurance Conversion of Rights if you are interested in continuing any life insurance amounts through Union Life Insurance Company.

The monthly Subsidized Retiree rates are as follows:

- Retiree - \$435 Spouse - \$523 Retiree & Spouse - \$958 Retiree & Child(ren) - \$1256
 Spouse & Child(ren) - \$1344 Retiree, Spouse & Child(ren) - \$1779

If you are not eligible for the subsidized rates you can elect the unsubsidized rates, please ask for details.

Retiree/Spouse Medicare Eligible Options

- | | | |
|---|-------------------------------|------------------------------|
| Laborers' Medicare Supplement Plan (Subsidized) - \$331 | <input type="radio"/> Retiree | <input type="radio"/> Spouse |
| Coventry Advantra Enhanced - \$251 | <input type="radio"/> Retiree | <input type="radio"/> Spouse |
| Coventry Gold Advantage - \$0.00 | <input type="radio"/> Retiree | <input type="radio"/> Spouse |
| Aetna - \$176 | <input type="radio"/> Retiree | <input type="radio"/> Spouse |

Indicate which Retiree option you elect below:

- I elect to send my Retiree premium of \$_____ each month to the Laborers' Welfare Fund. I understand after my first initial payment is received and applied by the Fund that a monthly invoice will be mailed to the address on file. I understand premium is due by the first of each month.
- I elect to have my Retiree premium of \$_____ deducted from my Pension check beginning _____.

Declining Retiree Coverage:

- I elect to decline Retiree coverage for the following reason(s)*:
- Spouse has Other Insurance Coverage Obtained a Private Insurance Policy Cost
 Other: _____

***I understand in order to reinstate coverage I must meet the qualifications as stated in the SPD.**

NOTE: If you elect to pay for your retiree medical costs by deducting the required payment from your pension check, be advised that any deductions you elect from your pension check for retiree medical coverage are voluntary and revocable. You may stop the deductions from your pension check by notifying the Pension Fund or the Welfare Plan Office in writing. If you do not pay for retiree medical costs via deductions from your pension check, the Welfare Fund provides other options to pay these costs.

If you are interested in electing Retiree coverage, be sure to indicate your election below, sign and return this form to our office.

Printed Name

Signature

Date

INFORMATION

Member Name: _____

Social Security: XXX-XX _____

I, _____, request the early release of vacation benefits from the Saint Louis Laborers' Vacation Fund (hereinafter "the Fund") as I am retiring from the Construction Laborers' Pension Trust of Greater St. Louis.

By signing this request, I swear/affirm that I will not take any legal action whatsoever relating to the policy itself and/or its administration against: the St. Louis Laborers' Vacation Fund; its Trustees; its accountants; its attorneys; its financial institutions; and/or any other person or entity/institution providing services to the Funds. **Your payment will be mailed to your residence within 60 days from your retirement date.**

Signature of Participant of the St. Louis Laborers' Vacation Fund

Date

State of _____ } SS:

County of _____

On this _____ day of _____ 20 _____ before me came _____

to me known and known to be the person described in and who executed the foregoing statement and he/she duly acknowledged to me he/she executed the same.

Notary Public (Seal)

My Commission Expires

STOP!!! This form must be completed in front of a notary.



WAIVER OF 30-DAY NOTICE PERIOD

Construction Laborers' Pension Trust of Greater St. Louis
2357 59th Street • St. Louis, MO 63110

Under federal law, no less than 30, nor more than 180 days prior to the date as of which benefits are paid, you are required to receive notification of the federal income tax treatment of distributions, a general description and explanation of the value of distribution options under the Plan, and your right to defer payment, if applicable. You have the right to consider your distribution options for at least 30 days after the information is provided. This time period also gives you the opportunity to decide your desired form of payment and whether or not you want to waive the normal form of payment (i.e., if married, 50% Husband-and-Wife Pension and if single, Single Life Pension) and consent to an optional form of payment (if applicable). We cannot issue your distribution check before the 30-day time period has elapsed, unless you authorize us to do so by checking the box below.

- I wish to waive the 30-day wait period described above. Please issue my benefit payment as soon
- as administratively practicable. I understand that my distribution cannot commence until seven (7) days have passed.

I have received and read my Explanation of Benefit Payment Options, the QJSA Notice (including the Delayed Retirement Notice and the Relative Value Notice), and the Special Tax Notice Regarding Plan Payments previously provided to me in the first packet of forms.

Participant's Name (Printed)

Spouse's Name (Printed)

Participant's Signature

Spouse's Signature

Date

Date

EXPLANATION OF BENEFIT PAYMENT OPTIONS

Construction Laborers' Pension Trust of Greater St. Louis
2357 59th Street • St. Louis, MO 63110

Benefit Payment Options	Description
Single Life Pension - <i>this is the normal or "default" form of payment for an unmarried participant</i>	If you are unmarried when you retire, you will automatically have your pension benefit payable as a Single Life Pension, unless you elect an optional form. You will receive payments payable for your lifetime only. If you retire on a Regular, Early or Disability Pension and you die before receiving 36 monthly pension payments, your spouse or named beneficiary will receive your monthly benefit until a total of 36 payments have been made, including those payments you received. <i>Note: If you are married and want to elect this option, spousal consent is required.</i>
50% Husband-and-Wife Pension - <i>this is the normal or "default" form of payment for a married participant</i>	If you are married when you retire, you will automatically have your pension benefit payable as a 50% Husband-and-Wife Pension unless you elect an optional form. A 50% Husband-and-Wife Pension provides you with a benefit for your lifetime that is reduced from the Single Life Pension because of the survivor coverage. If you die first, your surviving spouse will receive 50% of your benefit for life. If your spouse dies first, your benefit will be increased to the Single Life Pension amount. <i>Note: In lieu of receiving the 50% Husband-and-Wife Pension, you may elect to receive an optional form. However, spousal consent is required if you choose any form of payment other than the 50% Husband-and-Wife Pension.</i>
66-2/3%, 75% and 100% Husband-and-Wife Pension	You will receive a benefit for your lifetime that is reduced from the Single Life Pension because of the survivor coverage. If you die first, your surviving spouse will receive either 66-2/3%, 75% or 100% of your benefit for life. If your spouse dies first, your benefit will be increased to the Single Life Pension amount.
Level Income Option	The Level Income Option adjusts your monthly pension to pay a higher pension amount prior to age 62 (or 65), and a lower amount after that age. The adjustment is designed to make your income more level from both sources (the Plan and Social Security) before and after you receive Social Security retirement benefits at age 62 (or 65). If you die while receiving payments under the Level Income Option and you elected the 50%, 66-2/3%, 75% or 100% Husband-and-Wife Pension, your surviving spouse will receive a pension for the remainder of his or her life equal to the amount specified in the option you selected before adjustment for the Level Income Option. <i>Note: In order to select this payment option, you must request from the Social Security Administration the amount of your retirement benefit which Social Security expects to pay you at age 62 or your unreduced Social Security Retirement Age (which varies, depending on your date of birth). You must file a copy of this report with your Application Form in order for the Fund Office to calculate the pension amount under this option. Once this option is elected and you begin receiving your benefit, it cannot be revoked. Additionally, if you are married and elect this option, spousal consent is required.</i>
Lump-Sum Cash Out (automatic distribution)	If the value of your pension benefit is \$1,000 or less, you will automatically receive your benefit in a lump sum. If the value is more than \$1,000 but less than \$5,000, you will be offered a monthly benefit option; however, you may in writing elect to receive a lump sum payment instead of a monthly benefit. Upon distribution of the lump sum, no additional benefits will be payable from the Plan.

PLEASE REFER TO YOUR SUMMARY PLAN DESCRIPTION (SPD) FOR AN EXAMPLE OF EACH OF THE ABOVE BENEFIT PAYMENT OPTIONS. IF YOU CANNOT LOCATE OR DO NOT HAVE AN SPD, CONTACT THE FUND ADMINISTRATOR FOR A COPY.



CONTINGENT BENEFICIARY DESIGNATION FOR POST-RETIREMENT DEATH BENEFIT ONLY

Construction Laborers' Pension Trust of Greater St. Louis
2357 59th Street • St. Louis, MO 63110

If you are married, your spouse is automatically your Beneficiary for any remaining monthly payments (from the original 36-month guarantee) as well as any Post-Retirement Death Benefit. However, in the event that a benefit is payable after your death and your spouse has since died, you can name one or more contingent Beneficiaries.

If you are not married, you may name one or more Beneficiaries for any remaining monthly payments (from the original 36-month guarantee) as well as any Post-Retirement Death Benefit.

If you name more than one Beneficiary, Benefits will be paid in equal shares to those designated Beneficiaries that survive you, unless otherwise indicated. If more beneficiaries are named, use back of this form.

1. Beneficiary Name Social Security Number Date of Birth
Relationship Address City State Zip

2. Beneficiary Name Social Security Number Date of Birth
Relationship Address City State Zip

3. Beneficiary Name Social Security Number Date of Birth
Relationship Address City State Zip

This form supersedes any previous designation on file.

Participant's Name (Printed) Participant's Signature Date

Construction Laborers Pension Trust of Greater St. Louis

Relative Value of Benefit Payment Options

Our Plan offers several optional forms of payment to eligible participants, in addition to the normal form of payment available under our Plan. In most cases, these optional forms of payment have relatively the same value as the normal form of payment with the following exceptions:

- For married participants retiring at age 50, the present value of the Single Life Annuity with 36 months guaranteed form of payment is more than 105% of the present value of the Qualified Joint Survivor Annuity.
- For married participants retiring at age 50, the present value of the 100% Joint and Survivor Annuity (with a pop-up feature) form of payment is less than 95% of the present value of the Qualified Joint Survivor Annuity.
- For married participants retiring at age 50 or age 55, the present value of the Level Income annuity form of payment is more than 105% of the present value of the Qualified Joint Survivor Annuity.

The remainder of this notice explains why you need to know this, what this means, and how this was determined.

What Is Relative Value?

Relative value means the actuarial present value of each optional form of payment compared to the actuarial present value of the normal form of payment under a plan. Actuarial values of benefits are determined using:

- Mortality assumptions, which are based on standardized tables developed by actuarial organizations and life insurance companies. Information is analyzed about large groups of people to project the rates at which groups of individuals at different ages are expected to die. These statistical mortality projections are used to develop “average life expectancies.”
- Interest assumptions, which estimate the likely investment earnings, over time, of the money put aside to pay benefits. This is important in the determination of actuarial value because investment earnings provide some of the money used to pay benefits.

What Are The Relative Values Under Our Plan?

Under our Plan, the normal forms of payment are the:

- Qualified Joint and Survivor Annuity, which under the Plan is a 50% Joint and Survivor Annuity with a "pop-up" feature for married participants
- Single Life Annuity with 36 months guaranteed for single participants

The generally available optional forms of payment covered by this comparison are the:

- Single Life Annuity with 36 months guaranteed
- 66 2/3% Joint and Survivor Annuity (with a pop-up feature)
- 75% Joint and Survivor Annuity (with a pop-up feature)
- 100% Joint and Survivor Annuity (with a pop-up feature)
- Social Security Level Income Option

With the exceptions listed below, all forms of payment available under our Plan have approximately the same actuarial present value.

Ratio of the Present Value of the Optional Form of Payments to the 50% Joint and Survivor Annuity (with pop-up feature) for Married Participants

Retirement Age	Level Income Option	Life Annuity with 36 months guaranteed	100% Joint and Survivor Annuity (with a pop-up feature)
50	107.0%	106.8%	94.4%
55	105.5%	A/E ¹	A/E ¹

¹Actuarially equivalent (approximately equal in value to the normal form)

All other optional forms of payment have relatively the same value as the normal form of payment.

How Was This Determined?

The valuation and reporting methodologies used were based on IRS regulations, which can be found in Treasury Regulations Section 1.417(a)(3)-1. These methodologies are fairly technical and can be difficult to understand. However, IRS regulations require that we provide this information to you.

The values were calculated, for comparison purposes, assuming the Fund would earn 7.50% interest and that, on average, participants and spouses would live as long as predicted under the RP-2000 Combined Healthy Blue Collar Mortality Tables. We also assumed for married participants that the spouse is the same age as the participant. For the Social Security Level Income Option, we used this year’s applicable interest rate and mortality table: 2.06% for the first 5 years, 3.95% for the next 15 years, and 4.75% thereafter, and the 2017 Lump Sums Mortality Table, as required by the IRS regulation.

What Does This Mean To Me?

As stated earlier, basically, this means most generally available optional forms of payment have relatively the same value as the normal form of payment under our Plan. However, it is important that you realize that this is not a guarantee or even a prediction of what you will actually be eligible to receive when you retire. The actual value of the different forms of payment will vary depending on how long the individual and spouse or beneficiary in fact live and their ages when payments start.

Upon your written request, you will be provided with a similar comparison, based on your own age and estimated benefits, between your normal form of payment and any other forms of payment that you are eligible for. You may want to consult a financial advisor when you are nearing retirement to determine what is right for you.

For plan year beginning May 1, 2017

AUTHORIZATION FOR DEDUCTION FROM PENSION BENEFITS OF VOLUNTARY CONTRIBUTIONS TO THE LIUNA POLITICAL ACTION COMMITTEE

I hereby authorize and direct the Greater St. Louis Construction Laborers' Pension Fund ("Pension Fund") to deduct the amount of:
(Check the appropriate box below)

- \$1.00 \$5.00 \$10.00 Other \$ _____

from each and every monthly pension benefit payment to which I am entitled from the Pension Fund after the date written below, and to promptly forward the deducted amount to the Laborers' International Union of North America Political Action Committee ("LIUNA PAC"), 905 16th Street, NW, Washington, D.C. 20006 as my contribution to the LIUNA PAC.

I understand and agree to all of the following:

1. I am currently a member of the Laborers' International Union of North America ("LIUNA").
2. This is a voluntary contribution to the LIUNA PAC. I have a right to refuse to sign this authorization without reprisal of any kind.
3. This authorization will remain in effect, and the contribution amount will be deducted from my monthly pension benefit payments, unless and until I revoke this authorization in writing. I may revoke this authorization, and stop the deduction of contributions at any time by submitting signed written request to the Pension Fund's administrative office. My revocation will apply only to pension benefits due after the revocation is received.
4. The LIUNA PAC will use the money it receives to make expenditures and contributions in connection with federal, state and local elections.
5. Contributions to the LIUNA PAC are not a condition of membership in LIUNA, and are not a condition or requirement for receiving my pension from the Pension Fund.
6. My contributions to the LIUNA PAC are not deductible as charitable contributions from federal income tax purposes. I am not a foreign national.
7. That the LIUNA PAC has confirmed that it does not have any enforceable right in, or to any plan benefit payment except to the extent of the payments actually received pursuant to this authorization.

Name: _____ Date: _____

Signature: _____

Telephone: _____ E-Mail: _____

LIUNA PAC is required by law to use best efforts to obtain the following information on all contributors:

Address: _____

Social Security Number: _____ Employer: _____

(Leave blank, if not employed)

Occupation: _____

(You may state your occupation as "Retiree")

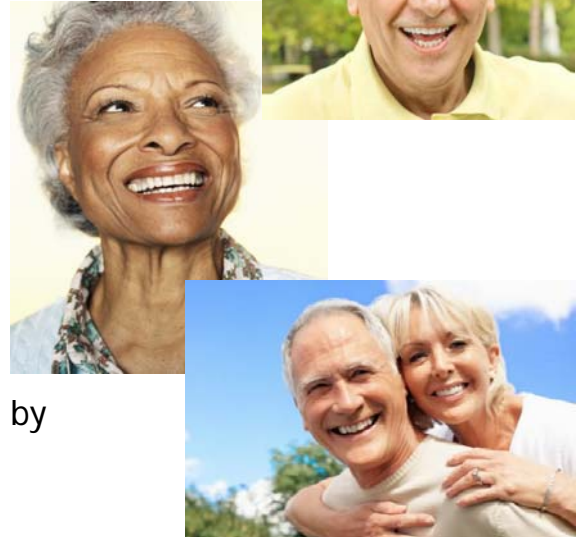
**Please return this form to:
Greater St. Louis Construction Laborers' Pension Fund
2357 59th Street - St. Louis, MO 63110**

Medicare Eligibility

As you retire, this is a good time to provide you with a little information about Medicare eligibility. Medicare can be confusing and overwhelming for almost everyone.

Most people may associate Medicare eligibility with turning age 65. But, sometimes, there are other ways to become eligible for Medicare. Two of those ways are:

- Being deemed totally and permanently disabled by Social Security.
- Having End-Stage Renal Disease (ESRD).



What if you become eligible for Medicare prior to age 65?

You should notify the Benefit Office immediately, so we can provide you with your Medicare options.

Does my insurance change when I become eligible for Medicare?

Yes, under our Plan, once you become eligible for Medicare you are no longer eligible for the Retiree Plan. However, we do offer four different Medicare supplement plans that you may choose from:

- Laborers' Medicare Supplement
- Coventry Advantra
- Coventry Gold
- Aetna Medicare

Does Medicare A & B cost?

Medicare Part A is free and is generally hospitalization coverage. Medicare Part B however, does have a cost and generally covers other medical services. You would need to check with Medicare to find out the cost of the Part B premium. The Part B premium will be automatically withheld from your Social Security check unless you have declined Part B coverage or are not yet receiving a check from Social Security. Before you decline the Part B coverage, **you must** speak with the Benefit Office because this could **seriously impact** your insurance coverage with the Laborers!

The most important thing you need to remember, is to contact the Benefit Office at 314-644-2777 x2 when you become eligible for Medicare or have any questions regarding Medicare eligibility.