AMALGAMATED TRANSIT UNION
DIVISION 757 – C-TRAN
RETIRED EMPLOYEES HEALTH AND WELFARE PLAN

SUMMARY PLAN DESCRIPTION

ORIGINALLY EFFECTIVE JULY 1, 2008 – REVISED JANUARY 1, 2018

INTRODUCTORY LETTER

This Booklet summarizes the benefits provided by the Amalgamated Transit Union Division 757 - C-Tran Retired Employees Health and Welfare Plan. This Booklet summarizes the Plan as revised effective January 1, 2018.

The attached Booklet summarizes the Plan's eligibility requirements, the benefits provided, the claim appeal procedures through the Plan and other pertinent information. If you have questions about the Plan and wish to obtain a Booklet or other forms, please contact the following:

Bob Gadotti
29866 Gadotti Dr.
Scappoose, OR 97056
503-799-2241
E-mail: bobgadotti@gmail.com

Please note that the Plan provides benefits on a month-to-month basis to the extent that monies are currently available to pay the cost of such program.

The Board of Trustees retains the full and exclusive authority and discretion to determine the extent to which monies are available for the benefits provided by the Plan. The benefits provided are not vested and are not guaranteed to continue indefinitely and may be modified or terminated by the Board of Trustees.

Board of Trustees
Amalgamated Transit Union Division 757 - C-TRAN
Retired Employees Health and Welfare Plan

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BENEFITS PROVIDED

The Trust reimburses eligible retired C-TRAN employees pursuant to a formula for specified amounts of their medical insurance or Medicare Part B premiums. Additionally, the Trust makes available to eligible retirees and their dependents a group insurance under which eligible individuals may elect to participate at the time they are initially eligible or at the group insurance's open enrollment.

ELIGIBILITY REQUIREMENTS

General Eligibility Requirements

To be eligible for benefits, you must be a former or current employee of C-Tran who retired on or after July 1, 1999. No subsidized benefit is provided to dependents. The specific eligibility requirements and the benefit amounts available to you depends on the date of your retirement and the date of your hire if you are a new hire on or after July 1, 2008.

	Retired on or after July 1, 1999 and before June 30, 2008	Retired on or after July 1, 2008
Retirement Required:	Must retire under PERS and apply for benefits within 24 months of retirement under PERS.	Must retire under PERS and apply for benefits with 24 months of retirement under PERS.
Maximum Benefit per Month:	$150.00 per month	$180.00 per month
Formula:	5% of maximum benefit amount for every year of service at C-Tran	5% of maximum benefit amount for every year for which contributions are paid into the Trust
Service Requirement Before Benefit Available:	After five years of service with C-Tran	After five years paid into the Trust –or– For new hires on or after July 1, 2008: after ten years paid into the Trust
	*Separate rules apply to new bargaining groups joining the Trust after January 1, 2018. See page 2.	
Proof of Medical Insurance Required for Reimbursement:	Yes. Must submit proof of Medical Insurance once a year at open enrollment (October 15-December 7)	Yes. Must submit proof of Medical Insurance once a year at open enrollment (October 15-December 7)
When Reimbursement Request Considered Late:	If not submitted at time of open enrollment (October 15-December 7	If not submitted at time of open enrollment (October 15-December 7)
When Eligibility Is Terminated:	January 31 (following most recent open enrollment)	January 31 (following most recent open enrollment)
Open Enrollment	October 15-December 7	October 15-December 7

Eligibility – New Bargaining Groups

As of January 1, 2018, all new ATU 757 bargaining groups located at C-TRAN will be required to participate in this retiree health and welfare plan.

All current employees at the time a new bargaining group joins the Trust will be eligible for benefits after five (5) years paid into the Trust. Any employee hired into a

bargaining group after it begins participation in the Trust shall be eligible for benefits after ten (10) years paid into the Trust.

Any members of a new bargaining group, that previously participated in the Trust as part of another bargaining group shall have their previous time and contributions counted towards their eligibility requirements.

Example of Benefit Amounts:
The following summarizes the monthly benefit that would be payable based on the benefit formula. Each month of recognized service counts as 1/12th of a year of service. If an employee retires other than at year-end, he or she will receive 1/12th of the annual amount for each month worked or for which contributions were received, depending on the employee's retirement date.

Years of Service	Retired on or after July 1, 1999 and before June 30, 2008 (Monthly Benefit)	Retired on or after July 1, 2008 (Monthly Benefit)
1 year of service (5%)	$ 7.50	$9.00
5 years of service (25%)	$ 37.50	$45.00
10 years of service (50%)	$ 75.00	$90.00
15 years of service (75%)	$112.50	$135.00
20 years of service (100%)	$150.00	$180.00

Specific Examples:

A member at C-Tran with 11 years and 4 months who retires on or before June 30, 2008	11 Years @ $7.50 4 Months @ $7.50 Total Monthly Benefit	$82.50 2.48 $84.98
A member who has paid into the Fund for 11 years and 4 months who retires on or after July 1, 2008	11 Years @ $9.00 4 Months @ $9.00 Total Monthly Benefit	$99.00 3.00 $102.00

Initial Eligibility Requirements

Retirement Required. The retiree must have retired under the Washington Public Employee Retirement System (PERS) and apply for benefits from the Trust within 24 months from the date of PERS retirement. At the time the

employee retires, he or she will be asked to submit proof of retirement to the Administrator.

Even if the retiree will not be receiving benefits immediately (for example, they have other health coverage or are receiving subsidized coverage from an exchange), he or she still must apply within this 24-month period. This allows the Trust to track the retiree and accurately project its funding needs.

Application Required. To receive a benefit, an eligible retiree must apply to the Trust. An application form is available from the Trust's administrator. Participation will begin the first of the month after an eligible retiree has submitted a completed application that has been accepted. Benefits shall not be payable for any period preceding the acceptance of an eligible retiree's application.

Ongoing Eligibility Requirements. Once eligible, a retiree must submit requested documentation or required premium payments for insurance coverage in a timely manner to receive reimbursement.

Termination of Eligibility

Benefits under this Plan will be terminated effective the last day of the month in which any of the following events occurs:

- The eligible retiree's eligibility for pension benefits under the State of Washington PERS system terminates.
- The eligible retiree fails to provide appropriate documentation of the medical insurance or Medicare Part B coverage for which reimbursement is sought within the time limits established by the Plan.
- The eligible retiree returns to active employment and is covered under a group health plan as a result of such employment.
- The retiree enters active military service for a period of 31 days or greater.
- The retiree dies.
- The Plan is terminated, or the retiree no longer meets the eligibility requirements then in effect for the Plan.
- The retiree's last bargaining group decertifies its bargaining representative and no longer contributes to this Trust.

If coverage under the Plan is terminated, it cannot be reinstated unless benefits have been suspended while the eligible retiree has other group health coverage as described below.

Suspension of Coverage While Eligible Retiree Has Other Coverage.
If the eligible retiree returns to work and becomes covered under another group health plan or is covered under a group health plan of a spouse or domestic partner, he or she will not be eligible under this Plan unless the eligible retiree is responsible for a portion of the premium. If the eligible retiree pays nothing, he or she can reinstate Trust eligibility effective the first of the month following when the other coverage ends. To do this the eligible retiree must submit proof of his/her other insurance coverage.

If the retiree has other coverage but is responsible for a portion of the premium, he or she can be reimbursed by this Trust up to the premium amount paid. To be reimbursed in these situations, the retiree must submit documentation of the monthly premium paid.

Suspension of Coverage While Eligible Retiree Has Subsidized Coverage from an Exchange Health Plan

Federal law as of the date of this booklet prevents the Trust from reimbursing a retiree for subsidized coverage received from the Washington Health Benefit Exchange or other state or federal exchanges. If the eligible retiree is receiving a subsidy from an exchange, it is almost certainly more valuable than the benefit through this Trust. Once an eligible retiree ceases receiving a subsidy from an exchange (for example, he or she becomes Medicare eligible), eligibility for the Trust will resume the first of the month following the end of the subsidy so long as the retiree notifies the Trust.

REIMBURSEMENT BENEFITS

The amount of reimbursement benefit for an eligible retiree depends on whether the eligible retiree retired before July 1, 2008 or on or after July 2008.

Retired on or After June 30, 1999 and Before July 1, 2008–Option A
Eligible retirees who retired on or after June 30, 1999 and before July 1, 2008 are entitled to a maximum benefit of $150.00 per month.

The actual benefit amount is determined by providing 5% of the maximum benefit ($7.50) for each year of service with C-Tran, up to a maximum of 20 years. A year of service is based on the number of calendar months worked in a year. An employee who works in all 12 months will receive a full year of service. Additionally, the eligible

retiree will receive 1/12th of the annual 5% benefit for each month worked less than a full year.

Retired on or After July 1, 2008–Option B

If you were employed by C-Tran prior to July 1, 2008 and retired on or after July 1, 2008, you are entitled to a maximum benefit of $180.00 per month.

Service Requirements for Eligible Retirees Hired on or Before June 30, 2008

If an eligible retiree was hired by C-Tran on or before June 30, 2008, he or she will be eligible for a benefit after five years paid into the Fund. The only difference is the requirement that contributions must be paid into the Plan for five years to be vested.

The actual benefit amount is determined by providing 5% of the total benefit ($9.00) for each year paid into the Fund, up to a maximum of 20 years. A year paid into the Fund is based on the number of calendar months for which contributions are made to the Fund during a calendar year. Twelve months of contributions results in a full year of service. Additionally, the eligible retirees will receive 1/12th of the annual 5% benefit for each month for which contributions are made for less than a full year.

Service Requirements for Eligible Retirees Hired on or After July 1, 2008

If an eligible retiree was hired by C-Tran on or after July 1, 2008 into a bargaining group participating in the Trust as of July 1, 2008, he or she will be eligible for a benefit after ten years paid into the Trust. The benefit provided will be the same as for any other eligible retiree who retired on or after July 1, 2008. The only difference is the requirement that contributions must be paid into the Plan for ten years to be vested.

Service Requirements for Eligible Retirees from Bargaining Groups that Began Participation After January 1, 2018

If an eligible retiree was part of a bargaining group that began participation in the Trust after January 1, 2018, he or she will be eligible for a benefit after five years paid into the Trust. If the eligible retiree is hired into such a bargaining unit after it begins participation in the Trust, he or she will be eligible after ten years paid into the Trust. In both situations, the benefit provided will be the same as any other eligible retiree who retired on or after July 1, 2008.

If an eligible retiree previously participated in the Trust as part of another bargaining group, he or she shall have their previous time and contributions counted toward their eligibility requirements.

Date Participation Became Available By Bargaining Unit

For purposes of determining the number of years paid into the Plan, the following summarizes when the different employee classification began participation in the Fund:

Classification	Fund Participation Began
ParaTransit Operators	July 1999
Fixed Route Operators	July 1999
ParaTransit Dispatchers	June 2001
Administrative Assistants and Passenger Service Representatives	December 2001

How to Obtain Reimbursement Benefits

The Trust reimburses eligible retirees for a portion of their medical insurance premium benefits and Medicare Part B premiums maintained by eligible retirees. The amount is determined pursuant to the schedule on pages 1 and 2. Payment of the benefit set forth above is conditioned upon the eligible retiree providing proof of eligible medical insurance coverage, premium paid toward eligible medical insurance coverage, or Medicare Part B premium payment. Proof can be provided by submitting cancelled checks, credit card receipts, or other documentation that meets the substantiation requirements established by the Internal Revenue Service.

Documentation supporting requests for reimbursement is required to be submitted once a year at open enrollment which is held from October 15th to December 7th annually. It is the Retiree's responsibility to submit the required documents to the Trust's administrator. Documentation should be submitted to the Trust's administrator.

No benefits will be paid until the documentation is submitted. If documentation is not submitted by January 31 following the most recent open enrollment, eligibility under the Plan will be permanently terminated.

PAYMENT OF REIMBURSEMENT BENEFITS

Benefits will be paid in the form of a check to the eligible retiree. Properly documented reimbursement payments will not be taxable.

KAISER COVERAGE

Benefit Provided

The Trust also makes available to eligible retirees coverage under a Kaiser policy. The coverage is available to eligible retirees and their dependents who meet the dependent eligibility requirements established by Kaiser.

Enrollment

To enroll in the Kaiser coverage, the retiree must submit a completed Kaiser enrollment application which can be obtained from the administrator. An eligible retiree may

enroll at the time of initial eligibility under the Trust. Enrollment at other times is not allowed.

Enrollment forms and any changes should be submitted to the Trust's administrator.

Ongoing Eligibility

Participation in the Kaiser coverage available through the Trust will require payment of a premium. The Trust will automatically apply the amount of reimbursement benefit available to the retiree toward the cost of the Kaiser coverage. The retiree will be responsible for submitting any additional premium needed for the retiree's coverage or for a dependent's coverage under the Kaiser policy.

Any premiums being paid by the retiree are due by the 25th of the month for coverage for the following month. Failure to pay by the 10th will result in termination of the retiree's (and any dependents) coverage under the Kaiser policy. Once Kaiser coverage is terminated, it cannot be restated.

Dependent Eligibility

Dependents who meet Kaiser's eligibility requirements may participate in the Kaiser coverage available through the Trust. Dependent must pay the full cost of the coverage. A spouse participating in the Kaiser coverage at the time of the retiree's death may continue to participate in Kaiser. A spouse participating in the Kaiser coverage who divorces a retiree may participate in the Kaiser coverage for two months following the month of divorce. A divorced spouse, who is interested in continuing coverage beyond this date, may contact the Trust Office during that two-month period to determine if any self-payment options are available through Kaiser or pursuant to applicable law.

PLAN ADMINISTRATION

Continuation Rights

If a spouse loses coverage because of a divorce or legal separation, he or she may have a right to elect to continue coverage. If you do lose coverage because of a divorce or legal separation and have questions about your right to continue coverage, contact the Trust Office within 60 days of the latter of the divorce or legal separation or your loss of coverage.

The entity providing your medical coverage will be the entity providing a Certificate of Creditable Coverage. This Certificate will document the coverage you have had for the last 24 months. An individual may need to furnish the Certificate if the Participant becomes eligible under another group health plan if it excludes coverage for retiree's medical condition which existed before the Participant enrolled. The individual may also need the Certificate of Creditable Coverage to buy an individual policy that would otherwise exclude coverage for a medical condition which existed before the individual

enrolled. Please contact Kaiser if you have questions regarding a Certificate of Creditable coverage.

Interpretation of Plan

The Board of Trustees is the named fiduciary of the Trust and reserves the discretion to interpret the terms of the Plan and determine who is eligible to participate in it. The benefits that are provided by this Plan are not vested and are subject to change or modification as future facts or legal requirements may warrant. The Board of Trustees specifically reserves the right to modify the eligibility rules, change the benefits provided under the Plan or terminate the Plan in its entirety. The Board of Trustees retains the full discretion to interpret the terms of the Plan.

Coordination of Benefits

The coordination of benefits provision applies if the participating retiree has health care coverage under another plan which pays for that retiree's health insurance premium. To the extent another plan pays for such premium (which would otherwise be payable under this plan), that other plan shall be the primary source of such premium and this Plan shall have no obligation to make an additional payment. If the amount paid by the other plan is less than what would have been paid by this Trust, the Trust will make a partial payment so that the total benefit provided by the two plans equals what would have been paid by this Trust if it was primary.

Claim Appeal Procedures

What Constitutes a Claim? Requests to participate in the Fund, the denial of reimbursement requests, or other actions by the Board of Trustees or the Plan that the retiree believes has adversely affected him or her will be resolved through the following claim appeal procedures.

Claims for Benefits. To constitute a claim, a request to the Plan must be in writing and submitted to the Trust Administrative Agent Bob Gadotti at the address given on page 12

Filing a Claim. To submit a claim for a benefit under this Plan, an eligible retiree must submit a claim form to the Plan's Administrative Agent within 90 days after an eligible retiree makes payment of the health plan premium for which payment is sought under this Plan.

If a claim for benefits under the Plan is denied, the retiree may appeal the matter through the claims appeal process which is discussed below.

Appeal of Denied Claim. An individual who is appealing the denial of benefits, a denial of eligibility or other action of the Board of Trustees, which he or she asserts has adversely affected him or her, will have 60 days from the date of the

denial or the adverse action to file an appeal. An appeal must be submitted by the claimant or his or her authorized representative in writing to the Trust Administrative Office at its current address. An appeal should identify the benefit sought or action involved, the reasons for the appeal, and provides any information that the claimant believes is pertinent. A failure to file an appeal within 30 days of the denial or other adverse action will serve as a complete bar to any claim for benefits or for other relief from the Plan. If an appeal is timely filed, the Board of Trustees will review the claim at its next regularly scheduled meeting. If an appeal is received less than 30 days before the next meeting, consideration of the appeal may be postponed (if necessary) until the next meeting following receipt of the appeal. After hearing information, the Board of Trustees or its designated Appeal Committee will provide the claimant with written notification of its decision within five days.

Appeal to Arbitration. If the eligible retiree is dissatisfied with the written decision of the Trustees, he or she shall have the right to appeal the matter to arbitration in accordance with the labor arbitration rules of the American Arbitration Association. A request for arbitration must be filed within 30 days of receipt of the Trustees' written decision. If an appeal to arbitration is requested, the Trustees shall submit to the arbitrator a certified copy of the record upon which the Trustees' decision was made. The question for the arbitration shall be (1) whether the Trustees were in error upon an issue of law; (2) whether they acted arbitrarily or capriciously in the exercise of their discretion; or (3) whether their findings of fact were supported by substantial evidence. A decision of the arbitrator shall be final and binding upon the Trustees, upon the appealing party and the Trust Fund, and upon all others whose interests were adversely affected. Expenses of the arbitration shall be borne equally by the appealing party and the Plan unless otherwise ordered by the arbitrator.

ADDITIONAL INFORMATION

Legal Status of the Plan

The Board of Trustees has received a written legal opinion that this Plan is a governmental plan and is not subject to the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees has determined, however, that it will provide the type of information that is typically provided pursuant to the summary plan description requirements of ERISA for this Plan.

Name of the Plan

This Plan is sponsored and administered by a Board of Trustees whose members are appointed pursuant to the governing Trust Agreement. The name, address, and telephone number of the Board of Trustees follows:

Board of Trustees
Amalgamated Transit Union Division 757 -
C-Tran Retired Employees Health and Welfare Plan
c/o Bob Gadotti
29866 Gadotti Dr.
Scappoose, OR 97056
503-799-2241

Employer Identification Number
The employer identification number assigned to the Plan by the Internal Revenue Service is 93-1312393.

Type of Plan
This Plan is a plan designed to reimburse premiums spent on eligible medical benefits or Medicare Part B premiums.

Board of Trustees
The members of the Board of Trustees as of the date of this document are set forth below:

James Bennett, Chair
Sheila Carder, Sec./Tres
Shirley Black,Trustee
Marge Makinster, Vice Chair
Roy Jennings, Trustee

Name and Address of Agent for Service of Legal Process
Each member of the Board of Trustees is an agent for the service of legal process. Additionally, legal process may be served on the Plan's Administrative Agent, Bob Gadotti, whose address is set forth above.

Description of Collective Bargaining Agreement
Contributions to the Plan are made pursuant to a collective bargaining agreement(s) between Amalgamated Transit Union, Division 757, and C-Tran. A copy of any agreement providing for participation in the Trust may be obtained by participants upon written request to the Trust Administrative Agent. Further, such agreement is available for examination by participants at the Administrative Agent's office or at the local union office upon ten days' advance written request. Trustees may impose a reasonable charge to cover the cost of furnishing a copy of the agreement. Participants may wish to inquire as to the amount of the charges before requesting copies.

Source of Contributions

This Plan is funded by employer contributions paid pursuant to a collective bargaining agreement.

Plan Year

The Plan is maintained on a calendar year basis.

Identity of Organizations Providing Benefits and Maintaining Assets

Employer contributions and retiree self-payments to the Trust are held in trust by the Board of Trustees. Reimbursement benefits are paid directly from Trust assets. The Trust also collects and makes payments to Kaiser Health Plan pursuant to a group insurance contract. Kaiser's contact information is:

Kaiser Health Plan
500 NE Multnomah, Suite 100
Portland, OR 97232

Named Fiduciary of the Plan and the Trust Fund

The Board of Trustees is the named fiduciary for the Plan. The Board of Trustees has the retained discretionary authority to change or modify the terms of the Plan, the eligibility requirements that must be met to participate in the Plan or the benefits that are provided. The Board of Trustees has also retained the discretion to terminate the Plan as circumstances may warrant. In the event of termination of the Trust Fund, any and all monies remaining shall be used for the continuance of benefits by the Plan until such monies and assets have been exhausted.