LOCAL 302 AND 612 OF THE I.U.O.E.
EMPLOYERS CONSTRUCTION INDUSTRY RETIREMENT PLAN

Restated January 1, 2000

Amendment No. 4

The Claims and Appeal Procedure under Section 12.2 is deleted and the following substituted effective for claims filed on or after January 1, 2002; provided that, for claims filed prior to March 1, 2002, that are not claims for Disability Retirement, review of the Trustees' determination will be in accordance with the arbitration procedure under Section 12.2(d) of the Plan in effect prior to the effective date of this amendment, and not under Section 12.2(i) of this amendment:

Section 12.2
CLAIMS AND APPEAL PROCEDURE

(a) Claims. A claim shall be initiated by the filing of a completed and signed Claim Form. A participant or beneficiary may obtain the necessary forms for filing a claim by telephoning or writing to the Plan Administrator.

(b) Initial Benefit Determination (Other Than Claims for Disability Retirement). The Plan Administrator or its representative will ordinarily approve or deny an application for benefits, other than an application for Disability Retirement, within 90 days of the receipt of the written application. If special circumstances require, the Plan Administrator or its representatives shall have an additional 90 days to act on the application, but any such extension and the reason for its shall be communicated in writing to the claimant prior to the expiration of the firs 90-day period. If additional information is required, the claimant will be notified and requested to furnish to necessary data.

(c) Initial Benefit Determination On A Claim for Disability Retirement. The Plan Administrator or its representative will ordinarily approve or deny an application for Disability Retirement within 45 days after receipt of the written application. This period may be extended for up to 30 days (to a total o 75 days) if the Plan Administrator or its representative determines that an extension of time for making the determination is necessary due to matters beyond the control of the Plan and notifies the claimant prior to the expiration of the initial 45-day period of the circumstances requiring

the extension of time and the date by which the Plan expects to render a decision.

If an additional extension of time is required due to matters beyond the control of the Plan, this period may be extended for an additional 30 days (to a total of 105 days). The claimant will be notified prior to the expiration of the first 30-day extension period of the circumstances requiring the extension of time and the date by which the Plan expects to render a decision.

If an extension of time is due to the claimant's failure to submit the information necessary to decide a claim for Disability Retirement, the claimant will be afforded at least 45 fays within which to provide the specified information. The period for making the benefit determination will be tolled from the date on which the notification of the extension is sent to the claimant until the date on which the claimant responds to the request for additional information.

If an extension is necessary to consider a claim for Disability Retirement, the notification of the extension will specifically provide:

1. an explanation of the standards on which entitlement to a benefit is based;

2. the unresolved issues that prevent a decision on the claim; and

3. the additional information needed to resolve the issues.

(d) Notice of Denial. If the Plan Administrator or its representative denies a claim, the denial shall be in writing and shall advise the claimant of the specific reason(s) for the denial the pertinent provisions of the Plan or other applicable documents on which that denial is based; any additional material or information necessary for the claimant to perfect the claim and an explanation of why such information is necessary; an explanation of the claim review procedure; and a statement of the claimant's right to bring a civil action under ERISA § 502(a). In the case of a claim for Disability Retirement, if an internal rule, guideline, protocol, or other similar criterion was relied up on in making the adverse determination, the notice will also provide ether the specific rule, guideline, protocol, or other similar criterion, or a statement that such a rule, guideline, protocol, or other similar criterion was relied upon in making the determination and that a copy of the same will be provided free of charge to the claimant upon request.

(e) Notice of Appeal to Trustees. Any Participant or beneficiary who applies for benefits and is ruled ineligible, or who believes he did not receive the

full amount of benefits to which he entitled, or who is otherwise adversely affected by any action of the Trustees, shall have the right to appeal to and request that the Board of Trustees conduct a hearing in the matter. All such appeals must be made in writing on the form prescribed by the Trustees. In the case of a claim for Disability Retirement, the written notice of appeal must be received within 180 days after notification of the denial of the application for benefits (or claim). In the case of all other claims, the writing notice of appeal must be received within 60 days after notification of the denial of the application for benefits (or claim). Failure to file a written notice of appeal within the time period prescribed will operate as a complete waiver of and bar to the right to appeal, and the decision or other action of the Plan Administrator will be final.

(f) Scheduling of Appeal. The appeal will be decided by the Trustees, or by a committee of Trustees that has been allocated the authority and responsibility for making a final decision in connection therewith. The Trustees will review a properly filed appeal at the next regularly scheduled quarterly appeals meeting, unless the notice of appeal is received by the Trustee within thirty (30) days preceding the date of such meeting. In such case, the appeal will be reviewed no later than the date of the second quarterly meeting following the Trustee's receipt of the notice of appeal, unless there are special circumstances requiring a further extension of time, in which case a benefit determination will be rendered not later than the third quarterly appeals meeting following the Trustee's receipt of the notice of appeal. If such an extension of time for review is required because of special circumstances, such as a request for a hearing on the appeal, then prior to the commencement of the extension, the Plan will notify the claimant in writing of the extension, describe the special circumstances and the date as of which the benefit determination will be made.

(g) Appeal Procedures. A claimant shall be entitled to submit in writing issues, comments, documents, records, and other information relating to a claim, and to appear in person at a hearing and to be represented by legal counsel at his own expense in the presentation of the appeal. Such persons shall be provided upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to his claim for benefits.

The claimant must introduce sufficient credible evidence on appeal to establish, prima facie, entitlement to the relief from the decision or other action from which the appeal is taken. The claimant will have the burden of proving his right to relief from the decision or action appealed, by a preponderance of evidence. The Trustees will review all comments, documents, records and other information submitted by the claimant related to the claim, regardless of whether such information was submitted

or considered in the initial benefit determination. The Trustees will no afford deference to the initial adverse benefit determination.

When deciding an appeal of a claim for Disability Retirement that is based in whole or in part on a medical judgment, the Trustees will consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment. Any medical or vocational expert whose advice was obtained on behalf of the Plan in connection with the adverse benefit determination will be identified to the claimant. Any health care professional engaged for the purpose of a consultation will not be an individual who was consulted in connection with the initial adverse benefit determination that is the subject of the appeal, nor the subordinate of any such individual.

(h) Decision of Trustees. The Trustees will issue a written decision on review within five days after the determination is made. The decision will include:

1. The specific reasons for the decision, writing in a manner calculated to be understood by the claimant.

2. The specific reference to pertinent Plan provisions on which the decision is based.

3. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of all documents, records, and other information relevant to the claimant's claim for benefits.

4. A statement of the claimant's right to bring a civil action under ERISA § 502(a).

5. In the case of a claim for Disability Retirement, if an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or similar criterion, or a statement that such a rule, guideline, protocol, or other similar criterion was relied upon in making the determination and that a copy of the same will be provided free of charge to the claimant upon request.

(i) Review of Trustees' Determination. Following issuance of the writing decision of the Trustees on an appeal, there is no further right of appeal to the Trustees. Instead, the claimant may bring a civil action under ERISA § 502(a). The question for consideration on review of the Trustees' decision is whether, in the particular instance: (1) the Trustees were in error upon an issue of law; (2) the Trustees acted arbitrarily or

capriciously in the exercise of their discretion; or (3) the Trustees' findings of fact were supported by substantial evidence.

(j) Sole and Exclusive Procedure. The procedure specified in this section shall be the sole and exclusive procedure available to a Participant or beneficiary who is dissatisfied with an eligibility determination, benefit award, or who is adversely affected by an action of the Trustees.

Adopted the 12th day of February, 2002.

_____	_____
Chairman	Secretary
_____	_____
Date	Date