

**IBEW Local Union 697  
SUB FUND**

**Summary Plan Description**

**July, 2012**

**IBEW LOCAL UNION 697 SUB FUND  
7200 Mississippi Street, Suite 300  
Merrillville, Indiana 46410  
(219) 845-4433 or (219) 940-6181**

To All Participants:

As Trustees of the IBEW Local Union 697 SUB FUND (the "Fund"), we are pleased to provide you with this Summary Plan Description which is effective July 1, 2012.

In June 2004, Local Union 697 International Brotherhood of Electrical Workers and Northern Indiana Chapter of the National Electrical Contractors Association established a plan for eligible members. The IBEW Local Union 697 SUB FUND was created to help provide financial security to you and your family if you should become unemployed.

We encourage you to read the following pages carefully and keep them with your important papers for future reference.

If you have any questions about the Fund or your status under the Fund, contact the Fund Office at (219) 845-4433 or (219) 940-6181.

Sincerely,

David A. Soderquist  
Fund Administrator  
Board of Trustees

This booklet is a Summary Plan Description which is intended to give you a summary of the major features of the IBEW Local Union 697 SUB FUND.

The only people authorized to answer questions concerning the plan are the Board of Trustees and the staff at the Fund Office. If you have a question regarding the IBEW Local Union 697 SUB FUND, call the Fund Office at (219) 845-4433 or (219) 940-6181. If you would like to fax your question to the Fund Office, the facsimile number is (219) 844-1799. You may also visit the Fund website at [www.ibew697benefits.com](http://www.ibew697benefits.com).

You, your beneficiaries or legal representatives may examine the Fund document and other plan documents during regular business hours or by appointment at the Fund Office. Copies of the official Fund documents are available at this location:

IBEW Local Union 697  
7200 Mississippi Street, Suite 300  
Merrillville, Indiana 46410

or

[www.ibew697benefits.com](http://www.ibew697benefits.com)

Participants and beneficiaries should not rely upon oral description of the Fund because the written terms of the Fund will always govern.

**THE BOARD OF TRUSTEES OF THE  
IBEW LOCAL UNION 697 SUB FUND**

**Union Trustees:**

Patrick G. Bailey  
Raymond E. Kasmark  
James T. Mola, Jr.  
Dennis K. Showers

**Employer Trustees:**

Richard C. Anderson Jr.  
Thomas R. Corsiglia  
Edward J. Shikany  
William B. Walton

**Fund Administrator**

David A. Soderquist  
IBEW Local Union 697  
7200 Mississippi Street, Suite 300  
Merrillville, Indiana 46410

**Plan Accountant**

Legacy Professionals  
222 Indianapolis Boulevard, Suite 103  
Scherverville, Indiana 46375

**Plan Counsel**

Harold G. Hagberg  
Hagberg & Associates  
11045 Broadway, Suite D  
Crown Point, Indiana 46307

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## **ELIGIBILITY AND PARTICIPATION IN THE IBEW LOCAL UNION 697 SUB FUND**

### **Eligibility**

To be able to participate in the IBEW Local Union 697 SUB FUND (hereinafter referred to as “SUB FUND”), you must work under a Collective Bargaining Agreement between IBEW Local Union 697 and Northwest Indiana Chapter, National Electrical Contractors Association which requires your Employer to make contributions to this Fund for hours worked by employees. You must accumulate a specific dollar amount to become a Participant entitled to benefits. This is explained in more detail below.

Only employees who are eligible to participate in the IBEW & Electrical Industry Local Union 697 Money Purchase Plan and Trust (hereinafter referred to as “Money Purchase Plan”) or who are having contributions made to another similar plan under the National Reciprocity Agreement are eligible to participate in the SUB FUND. Even if you are participating in the Money Purchase Plan, you still will not be eligible for the SUB FUND unless your Employer is required by the Collective Bargaining Agreement to contribute to the SUB FUND. Contributions to the SUB FUND will not be made for individuals who are not eligible.

### **Eligibility to Receive Benefits**

Each employee has an individual balance in the General Fund to which Employer Contributions are credited.

Your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE must be at least \$1,200 to qualify for SUB FUND benefits. This is explained further on Page 4.

### **Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)**

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) protects the Reemployment rights and benefits of civilian employees who enter the military “for a brief, non-recurrent period and have no expectation of significant continuing military service.”

This protection extends to employees to perform uniformed military service on a voluntary or involuntary basis for a cumulative period of service of five (5) years or less. “Uniformed military service” includes: active duty, active duty for training, initial active duty, full-time National Guard duty, and a period during which a person is absent from work for the purpose of examination to determine his or her fitness for military service.

When you are away from covered employment due to uniformed military service covered by USERRA and return to work for a contributing employer following an honorable discharge within the parameters of USERRA, your SUB FUND benefits will be protected as follows:

- (a) Your participation will not be terminated;

- (b) You will not forfeit any SUB FUND benefit you had accrued prior to your uniformed military service; and
- (c) There is no need to requalify for participation in the SUB FUND due to absence for military service. (Contributions to the Fund WILL NOT BE MADE while you are on military duty.)

Once you know that you will be entering the military service for any type of uniformed military service, you should notify the Fund Office. This will assure protection of your benefit rights under the Fund. You should notify the Fund Office when you are discharged and return to work with a contributing employer. To protect your rights under the Fund, you must return to work within certain time limits:

**If Your Length of Military Service was . . .**

**You Must Return to Work**

Less than 31 days	The next workday (with an 8 hour rest period)
31 days to 180 days	Within 14 days of discharge
181 days to 5 years	Within 90 days of discharge

**ACCUMULATING BENEFITS**

**Employer Contributions**

Your employer makes contributions to the SUB FUND based on the Collective Bargaining Agreement. The amount contributed is determined by that Agreement. As an employee, you are not required to make contributions to this Fund.

The Fund is funded solely through Employer Contributions. Your employer contributes a percent of your gross wages to the Fund until the contributions to your IBEW Local Union 697 Individual SUB FUND BENEFIT BALANCE MAXIMUM reach \$2,000. However, under Section 4.05(a) of the Plan Document, a Participant may choose to sign an IBEW LOCAL UNION 697 SUB FUND BALANCE CHANGE FORM (see Exhibit A, attached) increasing that Participant's SUB FUND BENEFIT BALANCE MAXIMUM to \$4,000, \$6,000 or \$8,000 per the designation of the Participant.

Once Employer Contributions to your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE total either \$2,000, or the amount you have designated as your SUB FUND BENEFIT BALANCE MAXIMUM, any contribution made at the end of any month where your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE exceeds your SUB FUND BENEFIT BALANCE MAXIMUM, will revert to the Money Purchase Plan. Thereafter, the amount that the employer is required to contribute to the SUB



FUND will be transferred to your Money Purchase Plan account along with the regularly required Money Purchase Plan contributions until such time as your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE falls below your SUB FUND BENEFIT BALANCE MAXIMUM, at which time your SUB FUND contributions will again go to your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE until you reach the amount you have set as your SUB FUND BENEFIT BALANCE MAXIMUM.

If your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE should fall below the amount you have designated as your SUB FUND BENEFIT BALANCE MAXIMUM, all Employer Contributions made on your behalf to the SUB FUND will apply to your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE and no longer be transferred to the Money Purchase Plan until and when your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE exceeds, at the end of any month, that amount you have set as your SUB FUND BENEFIT BALANCE MAXIMUM.

If you have executed an IBEW LOCAL UNION 697 SUB FUND BENEFIT BALANCE CHANGE FORM increasing your SUB FUND BENEFIT BALANCE MAXIMUM to an amount over \$2,000 (\$4,000, \$6,000, or \$8,000) you may reduce your SUB FUND BENEFIT BALANCE MAXIMUM to a lesser SUB FUND BENEFIT BALANCE MAXIMUM, but same will only be approved if at the time of the request, your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE is below the SUB FUND BENEFIT BALANCE MAXIMUM you have set.

The fact that the Employer Contributions otherwise required to the SUB FUND are being transferred to the Money Purchase Plan does not reduce the Employer's separate obligation to make a contribution to the Money Purchase Plan in the amount separately required as an Employer Contribution to the Money Purchase Plan.

The contribution rates to the SUB FUND are set by the Collective Bargaining Agreement. The rates may change depending on the terms of the Collective Bargaining Agreement in effect at that time.

Federal law restricts the transfer of contributions you earn in another area. Reciprocity contributions to this Plan will only be accepted to the extent they do not violate federal law.

### **Investment Earnings**

All amounts contributed to the SUB FUND are combined into a single trust fund for investment purposes. The Trustees hire professional investment managers to prudently invest those assets. Your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE, along with other members' IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCES, is adjusted monthly to reflect any contribution to your benefit balance. In addition, the Trustees are authorized to maintain reasonable reserves to cover future SUB FUND Trust expenses. Your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE value will be based only upon employer contributions and reciprocity.

## **SUPPLEMENTAL UNEMPLOYMENT BENEFITS**

### **Eligibility to Receive Supplemental Unemployment Benefits**

To become eligible as a Participant in the SUB FUND, you must have accumulated the sum of \$1,200 as your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE which is also a requirement to receive any SUB FUND benefit.

In the case of an Apprentice to become eligible to receive a Supplemental Unemployment Benefit an Apprentice must have accumulated only \$600 in his or her IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE. Notwithstanding an Apprentice must accumulate \$1200 in his or her IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE to receive any other benefit provided under the SUB FUND.

You will be eligible to receive SUB FUND benefits the month after your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE reaches \$1,200 (except in the case of an Apprentice) all Journeymen Electricians will need only to reach the \$1,200 level one time during their working life to be considered eligible Participant; HOWEVER, if you have not had any Employer Contributions made on your behalf to the SUB FUND (or the Money Purchase Plan if your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE exceeds your SUB FUND BENEFIT BALANCE MAXIMUM) for a period of twelve consecutive calendar months, your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE will be closed and revert to the SUB FUND Trust. If you return to employment after your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE has been closed, you will be required to requalify as a Fund Participant by attaining the \$1,200 threshold in your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE as herein described.

To receive a SUB FUND benefit you must actually be unemployed for the period in question. You must present a state unemployment benefit statement (or a satisfactory record) as determined by the Fund Office, with adequate identification for the period for which the state benefit was paid. The state unemployment compensation benefit may be from the State of Indiana or any other state in which you are entitled to draw unemployment compensation benefits.

To receive a SUB FUND benefit you must:

1. Be signed on the appropriate out of work list with IBEW Local Union 697.
2. Be available to accept a call for work.
3. Show proof that you are receiving unemployment compensation benefits from a state or would have been eligible to receive unemployment compensation benefits from a state had your unemployment compensation benefits from that state not been exhausted.

You must provide proper documentation.

No SUB FUND benefits are payable for any week during which you are not entitled under state law to receive state unemployment compensation benefits; however, you will be entitled to a SUB FUND benefit if you would have been eligible for state unemployment compensation benefits had those benefits not previously been exhausted.

You may also be eligible for SUB FUND benefits during a week of unemployment after you have exhausted state unemployment benefits if:

- ▶ You have simply exhausted your state unemployment benefits;
- ▶ You have a state unemployment compensation benefit statement (or satisfactory record) based on a week of unemployment during the last 12 months;
- ▶ You become unemployed after a period of reemployment that does not qualify for state benefits and state unemployment benefits have been exhausted within the last 26 weeks; and
- ▶ You present adequate proof of unemployment for the week in which you seek the SUB FUND benefit; ordinarily, proof of availability for work in the Union's jurisdiction will be sufficient.

### **Amount of SUB FUND Benefit**

The SUB FUND benefit is 60% of Indiana State unemployment benefits to a maximum of \$150 for each week you are eligible for state unemployment benefits. For each week that you use this benefit, your balance will be reduced by \$150.

If your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE falls below \$150, your benefit for any eligible week will only be your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE.

### **Taxability**

If you are eligible for a SUB FUND benefit, that benefit is taxable in the year received and must be claimed as taxable income on your federal and state income tax returns.

### **Procedures for Applying for SUB FUND Benefits**

If you are eligible, it is your responsibility to apply for benefits to which you are entitled. Do so as soon as possible after you become eligible.

You must fill out an application to receive SUB FUND benefits. See Exhibit B, attached

hereto. Applications are available at the Fund Office or online at [www.ibew697benefits.com](http://www.ibew697benefits.com).

**A claim must be filed within 30 days of the date of your state unemployment benefit check or your proof that you are eligible for state unemployment benefits.**

The Fund Office will determine the adequacy of the application and supporting documentation.

## **PAYMENT OF INACTIVE BENEFIT BALANCES OF TEMPORARY EMPLOYEES**

This section applies only to TEMPORARY EMPLOYEES.

A temporary employee is a member of an IBEW Local Union other than IBEW Local Union 697, employed for a period of time within the jurisdiction of IBEW Local Union 697.

An inactive IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE is one of a temporary employee to which no Employer Contributions have been made for a period of 3 consecutive calendar months and from which no benefit payment has been made for the same 3 consecutive calendar month period.

A temporary employee will receive his IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE when:

1. The temporary employee has officially left the Local Union 697 Electrical Construction Industry jurisdiction;
2. No contribution has been made to his benefit balance for 3 consecutive calendar months, and he is not actively seeking employment in the electrical construction industry within the jurisdiction of IBEW Local Union 697; and
3. The Participant is in good standing with IBEW Local Union 697 and in good standing with any and all fringe funds of IBEW Local Union 697.

The IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE of any temporary employee which becomes inactive will be deposited into the temporary employee's account at the IBEW Local Union 697 Federal Credit Union, 7200 Mississippi Street, Suite 400, Merrillville, IN 46410.

Applicable state and federal taxes may be withheld as required by law.

## **RETIREMENT**

Upon your retirement, any remaining IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE will not be returned to you, however, if you elect retiree coverage

under the IBEW & Electrical Industry Health and Benefit Plan, your benefit balance may be used to offset your monthly out-of-pocket premiums for retiree health care coverage under the IBEW & Electrical Industry Health and Benefit Plan or, in the event of your death, the out-of-pocket premiums for retiree health care coverage of your qualified spouse under the IBEW & Electrical Industry Health and Benefit Plan. If you have no qualified spouse upon your death, your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE will revert to the Local Union 697 SUB FUND Trust. If you use your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE to pay your out-of-pocket premiums for retiree health care coverage, the SUB FUND will automatically coordinate any payments with the IBEW & Electrical Industry Health and Benefit Fund.

If upon retirement you choose not to continue as a Participant in the IBEW & Electrical Industry Health and Benefit Plan your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE will revert to the Local Union 697 SUB FUND Trust.

## **DEATH**

If you are an eligible Participant in the IBEW Local Union 697 SUB FUND on the date of your death, a \$2,000 death benefit will be paid to your designated beneficiary. Any remaining IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE on the date of your death will revert to the IBEW Local Union 697 SUB FUND Trust unless it is used to pay out-of-pocket premiums for retiree health care coverage under the IBEW & Electrical Industry Health and Benefit Plan for your qualified spouse, as explained above.

## **CLAIMS FOR BENEFITS AND APPEALS**

### **Disputed Unemployment Claims**

Sometimes there is a dispute as to whether the state unemployment benefit is payable for a particular week or number of weeks. The state may then hold up your state unemployment benefit. The unemployed person may file an appeal with the state employment office. If this occurs, this Fund will not pay SUB FUND benefits unless and until the Participant receives a state unemployment benefit. While your state claim is being appealed, there is no need for a Participant to file a claim or file an appeal of a denied benefit from the SUB FUND to protect that Participant's rights to the SUB FUND benefit. If you are successful with your state appeal, when and if the state benefit is paid and adequate evidence of such payment is promptly presented to the Fund Office, the SUB FUND benefit will be paid by the SUB FUND.

### **Fund Administrator Review of Claims**

If you as a Participant are denied a SUB FUND benefit in whole or in part, you will receive a written explanation from the Fund Administrator detailing the reason(s) for the denial. If after receiving the written explanation from the Fund Administrator you believe you are still

entitled to benefits, you may, within 60 days of the original denial, appeal to the Fund Administrator. Said appeal must be in writing and delivered to the Fund Office within 60 days of the original receipt of the written denial.

The Fund Administrator shall then review your appeal, and if the Fund Administrator denies your appeal, submit to you a written explanation detailing why the appeal was denied, detailing the specific IBEW Local Union 697 SUB FUND provisions on which the decision is based.

### **Appealing to the Trustees**

After receipt of the Fund Administrator's denial of your appeal, you may appeal to the Board of Trustees. Your appeal to the Board of Trustees must be in writing and sent to the Fund Office within 60 days after receipt of the Fund Administrator's denial of your appeal. The Board of Trustees will review your appeal with or without a hearing. Under normal circumstances, the Board of Trustees will review your appeal, make their decision, and respond in writing to your appeal within 60 days from the date it is received. If special circumstances require more than 60 days to consider your appeal, the Trustees may extend the time limit to 120 days without notice. Provided further, that in the event the Board of Trustees denies your appeal without hearing, you may request a hearing before the Board of Trustees. If you request a hearing, your hearing will take place within 60 days after it is requested.

The Trustees may request that you appear at a hearing prior to ruling on your appeal. The Trustees are authorized to hold more than one hearing. You may appear at the hearing with your attorney if you provide the Trustees with notification that you have retained a certain attorney and appear at the hearing with that attorney. The Trustees will decide your case and send you a written decision within 60 days of your hearing.

If you request a hearing, the Trustees will have 180 days to rule on your appeal from the date of the hearing. Provided further, that in the event you request a hearing and the Trustees feel the need to hold more than one hearing to review your appeal, they will have 180 days from the last hearing to decide your appeal.

If the Trustees deny your appeal, either with or without hearing, they will send you a written explanation of their decision, citing the specific Fund provisions relied on for their decision.

### **OBTAINING SUB FUND INFORMATION**

There are steps you may take to enforce your rights under the SUB FUND. You may request materials regarding the SUB FUND or your IBEW LOCAL UNION 697 INDIVIDUAL SUB FUND BENEFIT BALANCE or your SUB FUND BENEFIT BALANCE MAXIMUM by requesting said information in writing. If you do not receive the requested records within 30 days, you may file suit in federal court to request an Order from the court mandating that the information you seek is provided. In such a case, the court may require the Plan Administrator to

provide the materials and pay up to \$110 per day for violations occurring. If said violations occurred after July 29, 1997 which said \$110 payment may be mandated by the court until such materials are received, unless the materials you request are not sent to you because of reasons beyond the control of the Fund Administrator.

If a Participant believes that the Fund fiduciaries have misused the Trust Fund monies or has discriminated against the Participant, the Participant may seek the assistance of the U.S. Department of Labor or the Participant may file suit in federal court. The court may order the entity the Participant has sued to pay costs and fees.

## **OTHER SUB FUND FEATURES**

### **Amendment and Termination**

It is the Trustees' intention to continue the SUB FUND indefinitely, but the Trustees reserve the right to amend, terminate or merge all or part of the SUB FUND at any time for distribution of the trust fund to members and their beneficiaries. You will be notified if any of these actions are taken.

No amendment or termination may have the effect of reducing benefit balances unless made to comply with the provisions of any laws, regulations or orders that are now or will be in force.

### **Release of Information**

You must provide the Fund Office with any required verbal or written authorization for release of necessary information relating to any claim you have filed.

### **Severability Clause**

If any provision or amendment to the Trust Agreement or the Fund should be determined or judged to be unlawful, such an illegality will apply only to the provision in question. It will not apply to any other provision of the Trust Agreement or the Fund unless such illegality would make it impractical or impossible for the Trust Agreement or Fund to function.

### **Trustee Interpretation, Authority and Right**

The Trustees have the authority to interpret the Fund, all Fund documents, rules and procedures. Their interpretation will be final and binding on all persons dealing with the Fund or claiming a benefit from the Fund. If a decision of the Trustees is challenged in court, it is the intention of the Trustees that such decision is to be upheld unless it is determined to be arbitrary or capricious.

The Trustees have the authority to change the eligibility rules and other provisions of the Fund to amend, increase, decrease or eliminate benefits and to terminate the Fund, in whole or in

part. All benefits under the Fund are conditional and subject to the Trustees' authority to change or terminate them.

## **FUND INFORMATION**

### **Name of Plan**

IBEW Local Union 697 SUB FUND.

### **Plan Identification Number**

The plan identification number is 030545014.

### **Type of Plan**

This plan is known as a supplemental unemployment benefit plan.

### **Type of Administration**

The plan is administered by the Board of Trustees. You may contact the Trustees at:

Board of Trustees  
IBEW Local Union 697 SUB FUND  
7200 Mississippi Street, Suite 300  
Merrillville, Indiana 46410  
(219) 845-4433 or (219) 940-6181  
Fax (219) 844-1799

### **Service of Legal Process**

The address of the agent who the Trustees have appointed for legal process is:

David A. Soderquist, Fund Administrator  
IBEW Local Union 697 SUB FUND  
7200 Mississippi Street, Suite 300  
Merrillville, Indiana 46410  
(219) 845-4433 or (219) 940-6181  
Fax (219) 844-1799

Also service of process may be made upon any of the Trustees.



## **Union and Association**

The names, addresses and telephone numbers of the Union and the Association are:

IBEW Local Union 697  
7200 Mississippi Street, Suite 200  
Merrillville, Indiana 46410  
(219) 844-6386 or (219) 945-0697  
Fax (219) 945-0650

Northern Indiana Chapter  
National Electrical Contractors Assn.  
P.O. Box 2006  
Michigan City, Indiana 46361  
(800) 642-9334

## **Plan Year**

The plan year is the 12 month period beginning January 1 and ending the following December 31.

## **Contributing Employers**

Contributions to the Fund are available to members and their beneficiaries at any time by simply writing to the Trustees.

If you and your beneficiaries would like to know if an employer or employee organization is a contributor to the Fund, you may request that information in writing from the Trustees.

## **Collective Bargaining Agreements**

Contributions to the Fund are made based on Collective Bargaining Agreements. Copies of those agreements may be obtained from the Trustees upon written request and are available for review in the office of the Fund Office.

## **Asset Management**

Fund assets are held in a trust fund administered by the Trustees. The Trustees are responsible for the selection of investment managers for the trust and for the payment of benefits. The Trustees may establish two or more investment funds for the Plan with different investment objectives.

If you have any questions on the management of the SUB FUND, contact the Fund Office or any Trustee.

## **YOUR RIGHTS UNDER ERISA**

### **Disclosure**

As a Participant in the IBEW Local Union 697 SUB FUND, you are entitled to certain rights and protection under the Employee Retirement Income Security Act (ERISA). ERISA provides that all Fund Participants shall be entitled to:

- ▶ Examination without charge, at the plan administrator's office and other specified locations, such as work sites and union halls, all fund documents, including Collective Bargaining Agreements and copies of all documents filed by the Fund with the U.S. Department of Labor, such as detailed reports and Fund descriptions.
- ▶ Obtain copies of all Fund documents and other Fund information, upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- ▶ Receive a summary of the Fund's annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this summary annual report.

### **Fiduciaries**

In addition to creating rights for Fund Participants, ERISA imposes duties upon the people responsible for the operation of the Employee benefit plan. The people who operate your Fund, called "fiduciaries" have a duty to do so prudently and in the interest of you and other Fund Participants and beneficiaries.

No one, including your employer, your union or any other person may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

### **Questions About the Fund**

If you have any questions about the Fund, you should contact the Fund Office. If you have further questions not officially answered by the Fund Office, you wish to bypass the Fund Office, or you have questions about ERISA, you should contact the nearest office of the Employee Benefit Security Administration, Department of Labor or the Division of Technical Assistance and Inquiries, Employee Benefit Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

# IBEW LOCAL UNION 697 SUB FUND

## BENEFIT BALANCE CHANGE FORM

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### BENEFIT BALANCE CHANGE

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

In accordance with the provisions of the IBEW Local Union 697 SUB Fund Trust Agreement, I hereby request the option to change my SUB Fund Benefit Balance to the amount of:

<input type="checkbox"/>	\$2,000.00
<input type="checkbox"/>	\$4,000.00
<input type="checkbox"/>	\$6,000.00
<input type="checkbox"/>	\$8,000.00

(Please initial one box)

This request will be effective for hours worked in the month this form is received by the Fund Office. For example: If we receive this form in August it will take effect for hours worked in August.

**This amount will remain in effect until a new form is filled out and received by the Fund Office. I understand that I cannot request a lower level until my SUB Fund Benefit Balance is below the level requested.**

Signature: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to:  
7200 Mississippi Street, Suite 300, Merrillville, IN 46410  
Phone: (219) 845-4433 or (219) 940-6181**

EXHIBIT A

APPENDIX A

# IBEW LOCAL UNION 697 SUB FUND

## APPLICATION FOR SUB FUND BENEFITS

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In accordance with the provisions of the IBEW Local Union 697 SUB FUND Trust Agreement, I hereby apply for SUB FUND benefits:

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

for the week ending \_\_\_\_\_. Payment of each week's benefit will require a copy of your state unemployment statement showing receipt of state benefits for that week.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**ALL APPLICABLE FEDERAL AND STATE TAXES APPLY TO ALL APPLICANTS**

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**DO NOT WRITE BELOW THIS AREA**

Date: \_\_\_\_\_

Approved       Disapproved Reason \_\_\_\_\_

Total initial accrued credit \_\_\_\_\_ Initial check # \_\_\_\_\_

in the net amount of \_\_\_\_\_ paid on \_\_\_\_\_.

\_\_\_\_\_  
Authorized signature

**Return completed form to:  
7200 Mississippi Street, Suite 300, Merrillville, Indiana 46410  
Phone: (219) 845-4433 or (219) 940-6181**

EXHIBIT B

APPENDIX B