

**1199SEIU BENEFIT AND PENSION FUNDS  
SUMMARY OF MATERIAL MODIFICATIONS**

*This Summary of Material Modifications describes changes that affect your welfare benefit and pension plans and updates the Summary Plan Descriptions (“SPDs”) that were previously distributed to you. You should keep this summary with your current SPDs until updated SPDs are published.*

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Effective on or about December 9, 2020:

A. The SPDs of the 1199SEIU National Benefit Fund for Health and Human Service Employees and the 1199SEIU Greater New York Benefit Fund (New York plan) (the “Funds”) shall be modified to include the following provisions:

1. To state that the Plan Administrator reserves the right to deny, restrict or prohibit certain assignments, and to prohibit the assignments of benefits to non-participating neurosurgery and orthopedic surgery practices without express authorization from the Benefit Fund;
2. To expand Participants’ access to telehealth by covering telehealth visits at network providers (in addition to Teladoc);
3. To extend coverage for up to 30 days after the last day of a member’s short-term disability leave or workers’ compensation leave (up to 26 weeks); and
4. To clarify eligibility for Retiree Health Benefits:
  - a. Includes those who retire directly from covered active service with a pension from the 1199SEIU Pension Funds: (i) within one year of the date they ceased receiving short-term Disability Benefits; or (ii) while receiving COBRA continuation coverage;
  - b. For Retirees otherwise eligible for the Benefit Funds’ Medicare Advantage (MA) Plan, their enrollment in the MA Plan will start when their coverage as a spouse of an active Benefit Fund member, if any, terminates.

B. The Plans of the 1199SEIU Health Care Employees Pension Fund and the 1199SEIU Greater New York Pension Fund shall be amended to provide for the following Coronavirus Disease 2019 (“COVID-19”) Emergency Assistance Deferral: A Participant with a loan outstanding on or after March 27, 2020, and prior to December 31, 2020, who certifies that he/she is a “Qualified Individual” as defined under Section 2202 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) or rules, regulations or guidance issued thereunder by virtue of having experienced a COVID-19-related hardship, may request that any payments due during the period starting on and including March 27, 2020, and ending on December 31, 2020 (the “Deferral Period”), be deferred for up to one year. The Plans may grant such request provided that the Participant certifies as to the Participant’s status as a Qualified

Individual and executes any other documentation necessary to meet the requirements of the Plans and applicable laws, rules and regulations. Interest on such loan (a “Deferred Loan”) shall continue to accrue on the outstanding amount of the loan during the Deferral Period and shall be incorporated into the outstanding principal of the Deferred Loan. Monthly payments shall resume on the original scheduled monthly payment date in January 2021 (the “Payment Recommencement Date”) and, notwithstanding the Plans’ repayment terms, shall be set at an amount that results in the then outstanding principal amount being amortized over the remaining monthly payments in substantially equal amounts over the remaining term of the loan. The end date of the Deferral Period may be extended, the Payment Recommencement Date may be deferred to a later date, and/or the term of the loan may be extended if an applicable law or regulation provides that such action will not result in a violation by the Plan of Section 72(p) of the Code, ERISA or other applicable laws or regulations.

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*This summary only highlights the key changes made to the Funds’ Plans. Summaries of Material Modifications together with the Summary Plan Descriptions make up your official plan descriptions; please keep them together and refer to them as necessary. If you would like to review the Plan Document or have any questions, please contact the Funds’ Member Services Representatives at (646) 473-9200.*

*The National Benefit Fund for Health and Human Service Employees believes it is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). A grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted in 2010. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for an external review process for claims appeals. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. The Wage Class III plan is not a grandfathered health plan. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan can be directed to the Plan Administrator at (646) 473-9200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa](http://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa). This website has a table summarizing which protections do and do not apply to grandfathered health plans.*

*The Funds’ plan sponsors reserve the right to amend or terminate the Funds, or any part of them, at any time.*