



PLUMBERS AND PIPEFITTERS LOCAL 501

NORTHERN ILLINOIS BENEFIT FUNDS

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IMPORTANT NOTICE

To: All Eligible Active Employees who are Participants in the Northern Illinois Benefit Fund

From: Robert Niksa – Administrative Manager

RE: APPEALS PROCEDURE FOR LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

As an eligible active employee who is a participant in the Northern Illinois Benefit Fund, you are covered by an insurance policy through Union Labor Life Insurance Company that provides Life Insurance and Accidental Death & Dismemberment benefits. Please refer to page 46 through 48 of your Benefit Fund Summary Plan Description. This notice is being sent to you so that you understand the appeals procedure for a claim rejected by the Union Labor Life Insurance Company.

If you have any questions, please feel free to contact the Fund Office.

**The Union Labor Life Insurance Company ("Union Labor Life")
Life Insurance and Accidental Death and Dismemberment Internal Appeals
Procedure**

**Group Life Insurance
Certification and Benefit Amounts**

A group life insurance claim must be submitted first to the group policyholder for eligibility certification, then the entire claim (which includes the proof of death completed by both the beneficiary and policyholder, a certified copy of the death certificate and the enrollment card indicating the beneficiary) can be submitted to the Life Claims office of Union Labor Life.

The Life Claims office reviews the claim to determine if the designations of benefit amount and class of insureds (i.e., active workers, retirees, or dependants) are in accordance with the policy provisions. Any discrepancies are brought to the attention of the policyholder for clarification or justification.

Since the policyholder controls the records regarding benefit eligibility, benefit amount and classifications of insureds, any issues related to those subjects raised by insureds or beneficiaries will be referred to the group policyholder.

Appeals to Union Labor Life

Issues related to rival claimants for proceeds are referred to the Legal Department for handling through interpleader actions in state or federal courts. Otherwise, a claim determination, benefit denial, or other matters related to the administration of the policy may be appealed if disputed by an insured or beneficiary or representatives of such persons. The Life Claims examiner immediately shall forward the claim file and an explanation of the dispute to the Manager of the Life Claims Department. If the Manager is unable to resolve the matter, the claim will then be reviewed by the Vice President for Group Administration, the Vice President for Underwriting, the Legal Department, and, if necessary, the Medical Director to determine appropriate action. The consensus recommendation of those individuals shall be provided to the Manager for implementation within 10 business days of their receipt of the claim information.

A final denial by the Company can be further appealed by the Insured or beneficiary in accordance with the ERISA claims appeals procedures available through the group policyholder.

Life Insurance Policies issued pursuant to Conversion Rights

Eligibility and Issuance

A group policyholder is responsible for the notification of rights and the initial application process when an insured may be eligible for a life insurance policy pursuant to conversion rights set forth in the group life insurance policy. If a dispute involves conversion rights or administration of the group life insurance policy as it relates to conversion terms, the dispute shall be referred to the group policyholder. Issues arising after the conversion policy has been issued are handled by Union Labor Life.

Appeals to Union Labor Life

Issues related to rival claimants for proceeds are referred to the Legal Department for handling through interpleader actions in state or federal courts. Otherwise, a claim determination, benefit denial, or other matters related to the administration of the policy may be appealed if disputed by an insured or beneficiary or representatives of such persons. The claim examiner immediately shall forward the claim file and an explanation of the dispute to the Manager of Contracts. If the Manager is unable to resolve the matter, the claim will then be reviewed by the Vice President of Group Administration, the Vice President for Underwriting, the Legal Department, and, if necessary, the Medical Director to determine appropriate action. The consensus recommendation of those individuals shall be provided to the Manager for implementation within 10 business days of their receipt of the claim information.