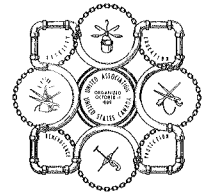


PLUMBERS AND PIPEFITTERS LOCAL 501
NORTHERN ILLINOIS BENEFIT FUNDS



1295 Butterfield Rd., Aurora, IL 60502-8879 • Ph (630) 978-4600 • Fax (630) 978-4616 • email: benefitfunds@ualocal501.org

NOTICE TO ALL PARTICIPANTS

April 2009

To All Northern Illinois Benefit Fund (Health and Welfare) Participants:

Temporary Reduction in Active Self-Pay Amount

The Board of Trustees has approved an extension to the temporary reduction in the amount an active but out-of-work employee (member) must pay to maintain eligibility under the Benefit Fund. The normal \$1,200 per quarter self-pay rate will be reduced to **\$300 per quarter for active participants who are available for work and on Local 501's out-of-work list.**

This special rate applied for one year (12 months) beginning with the April 1, 2008 benefit quarter (for December 2007-January 2008-February 2008 hours). The Board has now extended the \$300 rate for an additional 12 months through March 31, 2010 (for September-October-November 2009 hours).

This special rate does NOT extend the 8-quarter maximum period that a participant can self-pay for coverage.

New COBRA Self-Pay Rates

Each year the Board of Trustees reviews the costs associated with providing benefits to individuals who elect COBRA coverage. COBRA coverage allows qualifying individuals to make self-payments to continue their coverage when it would otherwise terminate.

The Benefit Fund's monthly COBRA rates will increase as shown effective June 1, 2009:

	Old Rate:	Eff. 6/1/09:
Former member or spouse:		
Single coverage	\$1,110	\$1,153
Family coverage	\$1,110	\$1,153
Former dependent child:		
Single coverage	\$319	\$330
Family coverage	\$1,110	\$1,153

REMINDER—COVERAGE FOR BREAST RECONSTRUCTION

A federal law requires that benefit plans issue written notification to all plan participants and beneficiaries regarding the plan benefits available to a person who is receiving benefits in connection with a mastectomy.

This Plan will provide coverage for the following medical and surgical services provided to a covered person in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications relating to all stages of the mastectomy, including lymphedemas.

Plan benefits payable for these services and supplies are subject to all applicable deductibles, co-payment percentages and maximum benefit limitations.

WIDOWS OF RETIREES

Surviving spouses of retirees may continue to make self-payments through May 31, 2010 to continue their coverage. This provision is reviewed every year by the Trustees who decide, in their sole discretion, whether or not to extend this privilege for another year.

NOTICE OF PRIVACY PRACTICES

The Fund is required by law to maintain the privacy of your health information as described in its Notice of Privacy Practices. You have the right to request and receive a copy of that notice at any time, even if you have received the notice previously. To obtain a copy, please contact the Benefit Fund's Privacy Official by writing or calling.

Mr. Robert Niksa
Northern Illinois Benefit Fund
1295 Butterfield Road
Aurora, IL 60502-8879
(630) 978-4600

You may also review and/or print a copy directly from our website at www.nibf501.org. This notice may be found in the Health & Welfare Section under "Your Privacy".

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• Summary of Material Modifications • EIN: 36-2522076 PN: 501 • April 2009 • No. 2009-1