



Summary of Material Modifications

This notice is a Summary of Material Modifications (SMM) that describes changes to the terms of the Rhode Island Laborers' Health Fund (the Plan). Please read it carefully, and keep it with your Summary Plan Description (SPD) so you will have complete information about your benefits under the Plan. If there is any discrepancy between the SPD previously provided to you and the changes described in this notice, the rules described in this notice will govern. The Trustees of the Plan reserve the right to amend, modify, or terminate the Plan at any time. For further information regarding these changes to the Plan, please contact the Fund Office.

Effective January 1, 2024, the Plan will provide a benefit to pay for time off from work for the specified reasons and in the manner described below. Your employer will not pay for time off due to these reasons.

HEALTH FUND

UNION TRUSTEES

Michael F. Sabitoni
Chairman

Christopher Sabitoni

Raymond C. Coia

Joseph A. Vitullo, Jr.

EMPLOYER TRUSTEES

Michael D. D'Ambr
Secretary

Michael A. Gammino III

Armand T. Lusi

Leo K. Marshall

ADMINISTRATOR

Valerie E. Campana

Accrual of Leave

You will begin to accrue leave January 1, 2024, or, if later, your first day of covered employment. You will accrue one hour of leave for every 35 hours worked.

At the end of each calendar year, your unused, accrued leave will be rolled over to the next calendar year. Including hours rolled over, you may not accrue more than 40 hours of leave per calendar year.

Use of Leave

You may use as little as (but no less than) four hours of leave at one time.

Leave may be used for the following reasons:

- Time off for your own mental or physical illness, injury, or condition;
- Time off to attend medical appointments for you or your family member;
- Time off to care for a family member with a mental or physical illness, injury, or condition;
- Time during which your workplace is closed due to a public health emergency;
- Time during which your child's school or day care is closed due to a public health emergency;
- Time off to care for a family member who is under quarantine; and/or
- Absence due to reasons related to domestic violence, sexual assault, or stalking experienced by you or a family member.

"Family member" includes your child, parent, spouse, parent-in-law, grandparent, grandchild, sibling, domestic partner, and any other individual for whom you provide care or who is a member of your household. Your "child" includes your biological, adopted, or foster child, your stepson or stepdaughter, your legal ward, a child of your domestic partner, or a child to whom you have a parental-like relationship.

You will be eligible for this benefit only if you are (1) scheduled to work for a contributing employer or (2) listed on the LIUNA Local 271 referral list, but you are unable to work for one of these reasons.

You will not be eligible for this benefit if you were scheduled but unable to work outside Rhode Island.

Amount of Leave Payment

Leave will be paid at the base wage rate under your collective bargaining agreement. If your employer pays you at a rate higher than the base wage rate, your employer will be responsible for paying the difference.

Application for Leave Payment

You will be required to complete an application form and submit it to the Fund Office in order to receive payment for leave. Contact the Fund Office for a copy of the application form. Your notice should include the date(s) you took leave (or plan to take leave, in the case of leave for a foreseeable reason) and the number of hours of leave requested. You will also be required to attest that:

- You were scheduled to work but unable to, due to one of the reasons above OR you were listed on the LIUNA Local 271 referral list and available for work, but you would not have been able to work had you been called, due to one of the reasons above, and
- You did not or will not receive temporary disability insurance, temporary caregiver insurance, or workers' compensation benefits for the same days.

If the reason for leave is foreseeable (such as a scheduled doctor's appointment), you should submit your application in advance. However, applications submitted more than one month before the date of leave or more than one month after the date of leave will not be honored.

The Fund Office may verify the information provided on your application by contacting your employer and/or the LIUNA Local 271 business manager.

Under certain circumstances at the Fund Office's discretion, you may also be required to provide proof of your need for leave. If you request leave for more than three consecutive days, or if the Fund Office determines that you have established a pattern of taking leave on days just before or after a weekend, vacation, or holiday, the Fund Office may require you to supply documentation.

New Members

New Plan members will begin to accrue leave on their first day of covered employment. However, new members may not use accrued leave until 90 days after their first day of covered employment.