

SUMMARY OF MATERIAL MODIFICATION

EIN: 43-6108379

Plan Number: 001

To: All Eligible Participants
Re: Change in Disability Claims and Appeal Procedures and Required Litigation Venue
Date: November 9, 2018

Changes to Claim and Appeal Procedures for Disability Benefits

The Trustees have amended the Plan to comply with recently issued new regulations, which impact claims made on or after April 1, 2018, relating to the Plan's Disability Benefits. As a result, the new procedures which apply to claims for Disability Benefits, are summarized as follows:

- The Plan must provide to you an explanation of the initial denial or denial on appeal, and if applicable this explanation must include why the plan disagrees with:
 - The opinion of health care professionals and vocational professionals who have treated and/or evaluated you;
 - The opinion of health care professionals and vocational professionals whose advice was obtained on behalf of the Plan;
 - A disability determination made by the Social Security Administration presented by you to the Plan.
- The initial denial and denial on appeal must be provided in a culturally and linguistically appropriate manner to you if you reside in a county where 10 percent or more of the population is literate only in the same non-English language.
- Every denial due to an experimental treatment or lack of medical necessity will include an explanation of the scientific judgment utilized in making the determination or inform you that such explanation will be provided free of charge upon your request.
- You will be provided with any new or additional evidence and/or rationale considered, relied upon, or generated by the plan, sufficiently in advance of a denial so you have an opportunity to respond.
- Upon request, you will be provided, free of charge, with a copy of the internal rule, guideline, or protocol that was relied upon in making the initial denial or denial on appeal; or a statement that such a rule, guideline, or protocol does not exist.
- Except for minor (de minimis) errors, a Plan's administrative remedies will be deemed exhausted for failure to adhere to the new Disability Claims and Appeal Procedures.
- The Plan must provide you with the calendar date on which your right to pursue a remedy under section 502(a) of the Act, within 2 years after a denial on review, will expire.

Mandatory Litigation Venue

Effective September 18, 2018, a participant or beneficiary may only bring an action in connection with the Plan in the U.S. District Court for the Western District of Missouri.

Please keep this Summary of Material Modifications with your SPD booklet so that you will have an up-to-date description of the Plan's benefits.

If you have any questions or concerns about this notice, contact the Fund Office at Carpenters Pension Trust Fund of Kansas City, 3100 Broadway, Suite 805, Kansas City, MO 64111; Telephone: (816) 756-3313.

Sincerely,

Board of Trustees