



# SUMMARY PLAN DESCRIPTION FOR ELECTRICAL CONSTRUCTION INDUSTRY VACATION - HOLIDAY PLAN

October 2004

## Table of Contents

	Page
INTRODUCTION .....	1
Important Information .....	1
Rights of Plan Participants .....	2
Appeal Procedure (Review of Denied Claim) .....	3
ERISA Statement of Rights .....	4
VACATION BENEFIT PROGRAM .....	5
Eligibility for Benefits .....	5
Computation of Benefits .....	5
How to Collect Benefits .....	5
Loss of Benefits .....	6
Payment of Benefits Upon Death of Employee .....	6
Statement of Accumulated Vacation Benefits .....	7
HOLIDAY BENEFIT PROGRAM .....	8
Eligibility for Benefits .....	8
Computation of Benefits .....	8
How Benefits Are Paid .....	8
Recognized Holidays .....	8
Loss of Benefits .....	9
Payment of Benefits Upon Death of an Employee .....	9
Statement of Holiday Benefits .....	9
JURY DUTY BENEFITS .....	10

# SUMMARY PLAN DESCRIPTION FOR ELECTRICAL CONSTRUCTION INDUSTRY VACATION - HOLIDAY PLAN

## INTRODUCTION

The following information is provided to help you identify this Plan and the people who are involved in its operation:

1. **Name of Plan.** This Plan is known as the Electrical Construction Industry Vacation-Holiday Plan.
2. **Board of Trustees.** A Board of Trustees is responsible for the operation of this Plan. The Board of Trustees consists of an equal number of employer and union representatives, selected by the employers and I.B.E.W Local Union 494, who have entered into collective bargaining agreements which relate to this Plan. If you wish to contact the Board of Trustees, you may use the following address and phone number:

Two Honey Creek Corporate Center  
115 South 84th Street, Suite 110  
P.O. Box 14277  
Milwaukee, WI 53214  
414-778-0068

### EMPLOYER TRUSTEES

Robert Rayburn  
Electrical Contractors Association  
Executive Vice President  
Two Honey Creek Corporate Center  
115 South 84th Street, Suite 110  
Milwaukee, WI 53214

Christine Komp  
President  
Dave's Electric, Inc.  
1028B Western Drive  
Hartford, WI 53027-2707

Sylvia Habermehl  
President  
Habermehl Electric, Inc.  
9542 South 58th Street  
Franklin, WI 53132-9107

### UNION TRUSTEES

Paul Welnak  
Business Manager  
I.B.E.W. Local Union 494  
3303 S. 103rd Street  
Milwaukee, Wisconsin 53227

Robert Bandkowski  
Business Representative  
I.B.E.W. Local Union 494  
3303 S. 103rd Street  
Milwaukee, WI 53227

Allen Resch  
Business Representative  
I.B.E.W. Local Union 494  
3303 S. 103rd Street  
Milwaukee, WI 53227

3. **Administration Office.** The Board of Trustees has established an administrative office through which the Plan is operated. This office is located at Two Honey Creek Corporate Center, 115 South 84th Street, Suite 110, Milwaukee, WI 53214. The phone number of this office is 414-778-0068. Personnel in this office are responsible for recording the employer contributions to the Plan and paying benefits.
4. **Plan Administrator.** The Board of Trustees is the Plan Administrator. This means that the Board of Trustees is responsible for seeing that information regarding the Plan is reported to government agencies and disclosed to Plan participants and beneficiaries in accordance with the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA").
5. **Plan Sponsors.** Plan participants and beneficiaries may write to the Administration Office at the address in item 3 above to find out if a particular employer or union is a sponsor of this Plan and, if so, to find out the Plan sponsor's address.

6. **Identification Numbers.** The identification number assigned to the Board of Trustees by the Internal Revenue Service is 39-1038147. The number assigned to the Plan by the Board of Trustees is 501.
7. **Agent for Service of Legal Process.** Beth Iding is the Plan's agent for service of legal process. Accordingly, if legal disputes involving the Plan arise, any legal documents should be served upon Ms. Iding at Two Honey Creek Corporate Center, 115 South 84th Street, Suite 110, Milwaukee, WI 53214, or upon any of the Trustees at the Plan Office address.
8. **Collective Bargaining Agreements.** This Plan is maintained pursuant to collective bargaining agreements. Plan participants and beneficiaries may examine the applicable provisions of these collective bargaining agreements and obtain a copy of any such provisions for a reasonable charge by writing to the Administration Office at the address listed in item 3.
9. **Source of Contributions.** The benefits described in this booklet are provided through employer contributions. The amount of employer contributions is determined by the provisions of the collective bargaining agreements referred to in item 8 above.
10. **Trust Fund.** All employer contributions and other assets of the Plan are held in trust by the Board of Trustees. All benefits are paid directly from the trust fund.
11. **Plan Year.** The records of the Plan are kept separately for each Plan Year. The Plan Year begins on June 1 and ends May 31.
12. **Type of Plan.** This Plan is maintained for the purpose of providing compensation during periods of vacation, holiday and jury duty.
13. **Eligibility Rules.** To become eligible for vacation, holiday or jury duty benefits, certain conditions must first be satisfied. These eligibility conditions are described on pages:

Vacation.....	5
Holiday.....	8
Jury Duty .....	10

14. **Type of Plan Administration.** The administrative operations of this Plan are performed by a staff of individuals designated by the Board of Trustees.
15. **Procedure for Obtaining Additional Plan Documents.** If you wish to inspect or receive copies of additional documents relating to this Plan, contact the Administration Office at the address or phone number in item 3. You will be charged a reasonable fee to cover the cost of any materials you wish to receive.
16. **Plan Document and Termination.** The Trustees may change or amend the Plan at any time, as long as the change is permitted under government laws, regulations and rulings, does not alter the basic purpose of the Plan or deprive a participant of entitled benefits. Although the Plan was established with the intention that it would be permanent or continuing, unforeseen circumstances could occur which would make it necessary to terminate the Plan.
17. **Procedures for Deciding Claims.** Claims for benefits from the Plan will be decided initially and will be reviewed according to the following rules:

(a) **Decision on Initial Application.**

- (1) **Time Limits on Decision.** Unless special circumstances exist, you will be informed of the decision on your claim within 90 days of the date the Plan receives your claim. Within that 90-day period, you should receive a notice of the decision or a notice that:
  - [a] explains the special circumstances requiring a delay in the decision; and
  - [b] sets a date, no later than 180 days after the Plan received your claim, by which you can expect to receive a decision.

- (2) **Content of Denial Notice.** If your claim for benefits is partially or wholly denied, you will receive a notice that:

- [a] states the specific reason or reasons for the denial;
- [b] refers to provisions of the Plan documents on which the denial is based;
- [c] describes and explains the need for any additional material or information that you must supply in order to make your claim valid; and
- [d] explains what steps you must take to ask for a review of your claim denial, the time limit for requesting review and your right to bring a civil action under ERISA following an adverse determination on appeal.

(b) **Review of Denied Claim (Appeal Procedure).**

- (1) **How to Request a Review of a Denied Claim.** If you want your denied claim to be reconsidered, you should send a written request for a review of the claim denial to the Administration Office no later than 60 days after the date the claim is denied. You may include a written explanation of the issues and your comments on those issues with your request for a review. You may review all relevant Plan documents, records and other information when preparing your request.
- (2) **Decision on Review.** You will receive a written decision on the review of a denied claim within 60 days of the date the Administration Office receives your request for review or, if special circumstances require a delay in the decision, you will receive a notice of the reasons for the delay within the same period. A delayed decision will be issued no later than 120 days after the date the Administration Office receives your request for review. The written decision will explain the reasons for the decision and will refer to the provisions of the Plan of benefits on which it is based. The written decision will notify you of your right to relevant documents, records or other information and your right to bring a civil action under ERISA.

In the event a claim for benefits is denied, no lawsuit or other action against the Plan or the Board of Trustees may be filed until the decision has been appealed in accordance with the procedures described in this section.

The law provides that the decision of the Board of Trustees is the final decision and shall be binding unless determined to be arbitrary or capricious by a court having jurisdiction over such matter.

# ERISA STATEMENT OF RIGHTS

As a Participant in the Electrical Construction Industry Vacation - Holiday Plan (the "Plan"), you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all Plan Participants shall be entitled to:

## **Receive Information About Your Plan and Benefits.**

Examine, without charge, at the Administration Office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration (previously known as the Pension and Welfare Benefits Administration).

Obtain, upon written request to the Administration Office, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and an updated Summary Plan Description. The Administration Office may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan is required by law to furnish each Participant with a copy of this summary annual report.

## **Prudent Actions by Plan Fiduciaries.**

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your Employer, your Union, or any other person may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

## **Enforce Your Rights.**

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and to pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan's money or if you are discriminated against from asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

## **Assistance With Your Questions.**

If you have any questions about the Plan, you should contact the Administration Office. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Administration Office, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

# VACATION BENEFIT PROGRAM

## Eligibility for Vacation Benefits.

In order to receive a vacation benefit, you must meet the following requirements:

1. Vacation periods must be mutually agreed upon between the employer and the employee.
2. You must not engage in electrical work during your vacation period.
3. No more than three vacation checks per calendar year will be issued to employees.

## Computation of Your Vacation Benefits and Credited Vacation Hours

Vacation benefits and vacation hours are credited to your account for each month that contributions are made to the Plan on your behalf, except in instances where an employer has failed to make the required contribution on account of the employer going out of business or going into bankruptcy. The information needed to determine your vacation benefit and vacation hours is based upon your employer's payroll report which is filed in the Plan's Administration Office. This payroll report lists each employee's name, social security number, total clock hours worked, gross earnings and straight-time hourly wage rate.

Your vacation benefit and vacation hours are calculated as follows:

- (a) First, total clock hours worked is multiplied by .0615 to determine credited vacation hours.
- (b) Second, gross earnings are multiplied by 6.15% to determine gross vacation benefit.

Example:

$$\begin{array}{r} \text{Total Clock} \\ \text{Hours Worked} \\ \hline 40 \times .0615 \end{array} = \begin{array}{r} \text{Credited Vacation} \\ \text{Hours} \\ \hline 2.46 \end{array} \quad \begin{array}{r} \text{Gross} \\ \text{Earnings} \\ \hline \$445.20 \times 6.15\% \end{array} = \begin{array}{r} \text{Gross} \\ \text{Vacation Benefit} \\ \hline \$27.38 \end{array}$$

## How to Collect Your Vacation Benefits

1. Call, write, or stop in at the Plan's Administration Office and request a verification of vacation form. The office is located at Two Honey Creek Corporate Center, 115 South 84th Street, Suite 110, P.O. Box 14277, Milwaukee, WI 53214, and its phone number is (414) 778-0068. The Plan's Administration Office will furnish you with a verification of vacation form, a W-4 form (Employees Withholding Exemption Certificate) and a return self-addressed envelope. The verification of vacation form will indicate the name of your employer (if you are employed), the total credited vacation hours to which you are entitled and the dollar amount.
2. You must complete the verification of vacation form by:
  - (a) Entering the dates you intend to be on vacation.
  - (b) Signing the verification of vacation form, and entering the address to which the check should be mailed.
  - (c) Having your employer sign the verification of vacation form. If you are not employed, an employer signature is not necessary.
  - (d) Indicating in the space provided whether the check should be mailed to you, or whether you will pick it up at Local Union 494, or the Plan Office. Vacation checks which have not been picked up by 4:30 on Friday will be mailed to the address on file in the Plan office.

3. As a general rule checks will be processed on the following schedule:

**MONDAY** Vacation check processing will include all Vacation request forms on file in the Plan Administration Office by 4:30 p.m. Friday.

**THURSDAY** Vacation check processing will include all Vacation Request Forms on file in the Plan Administration Office by 4:30 p.m. Wednesday.

4. Complete and sign the W-4 form. If a W-4 form is not returned with the verification of vacation form, taxes are withheld on the basis of zero exemptions. If the Internal Revenue Service has notified us to change your exemptions, we must honor that notice.
5. Return the completed verification of vacation form along with the W-4 form to the Plan Administration Office in the envelope provided to you.
6. Following the end of each calendar year, and prior to January 31 of the following year, State and Federal Withholding Tax Statements will be sent to you covering gross vacation benefits paid to you and taxes withheld for the year.

#### **Loss of Vacation Benefits**

Under the rules of the Plan, it is possible to lose accumulated vacation benefits. A loss will occur and accrued vacation benefits will be forfeited if all of the following conditions occur:

If an employee who has a vacation benefit balance ceases to have contributions made on his behalf for at least one entire Plan Year, and fails to request that the benefits be paid prior to the end of the Plan Year in which no contributions were made on his behalf, the vacation benefit balance will be deemed forfeited at the end of that Plan Year.

The Plan Year is June 1 (beginning of the Plan Year) through May 31 (end of the Plan Year).

Example:

At May 31 (close of a Plan Year) an employee has a balance in vacation benefits. If this employee does not work in a position which requires his employer to contribute to the Plan on his behalf from June 1 through May 31 of the following Plan Year, and the employee has not requested his vacation benefit balance on May 31, that balance would be deemed forfeited.

#### **How to Avoid Loss of Vacation Benefits**

1. If you stop working in a position which entitles you to have contributions made to the Plan on your behalf request your accumulated benefits.
2. Always keep the Administration Office informed of your current mailing address. If you do this, you will receive statements from the Plan apprising you of your vacation benefit balance and these statements will serve as a reminder to you to make the necessary request for benefits.

#### **Payment of Vacation Benefits Upon Death of an Employee**

If you die prior to receiving all of your vacation benefits, any unpaid benefits to which you are entitled shall be paid to whom you designated on the beneficiary designation form completed by you and filed at the Administration Office. If you did not designate a beneficiary, payment of any benefits to which you were entitled shall be made to your surviving spouse, or, if none, to your children in equal shares. If you are not survived by your spouse or any children, any benefits to which you were entitled shall be paid to your next of kin according to the then laws of the State of Wisconsin as if you had died unmarried and without a valid will.

Designation of Beneficiary forms may be obtained by calling the Plan Administration Office 414-778-0068.

### Statement of Accumulated Vacation Benefits

Twice each year, a statement indicating your accumulated vacation hours and dollars will be sent to you. The statement will also indicate the date through which those hours and dollars were accumulated. The first statement will cover the period January through June, and will be mailed to you during the month of July.

The second statement will cover the period July through December, and will be mailed to you in January.

The Board of Trustees has authority to declare an additional vacation benefit distribution from Trust Fund earnings and forfeitures. In the event the Board of Trustees declares such an additional vacation benefit distribution, the amount of the additional distribution will be mailed **without application** to all eligible participants on the first Monday in November.

### Excess Vacation Account Balances

If your vacation account balance exceeds \$10,000 at the end of the Plan Year (May 31), the balance shall be paid to you in December **without application**. Your July statement will notify you that if you fail to apply to receive such vacation benefits prior to December, the Plan will distribute the balance in December.

# HOLIDAY BENEFIT PROGRAM

## Eligibility

1. The ANNUAL ELIGIBILITY PERIOD starts on June 1 and ends on May 31.

## Highlights

1. THE RECOGNIZED HOLIDAYS for which holiday benefits will be paid during an ANNUAL BENEFIT PERIOD, are Labor Day, Thanksgiving, Christmas, New Year's Day, Memorial Day and Independence Day.
2. The ANNUAL BENEFIT PERIOD starts on September 1 and ends on August 31.
3. Holiday benefits accumulated during an ANNUAL ELIGIBILITY PERIOD are paid out **without application** during an ANNUAL BENEFIT PERIOD.

## Computation of Your Holiday Benefits

Holiday benefits are credited to your account for each month that contributions are made to the Plan on your behalf, except in instances where an employer has failed to make the required contribution on account of the employer going out of business or going into bankruptcy. The information needed to determine your holiday benefit is based upon your employer's payroll report which is filed in the Plan's Administration Office. This payroll report lists each employee's name, social security number, total clock hours worked, gross earnings and straight-time hourly wage rate.

Your holiday benefit is calculated as follows:

- (a) First, total clock hours worked is multiplied by .02825 to determine credited holiday hours.
- (b) Second, gross earnings are multiplied by 2.825% to determine gross holiday benefit.

Example:

<u>Total Clock Hours Worked</u>		<u>Credited Holiday Hours</u>		<u>Gross Earnings</u>		<u>Gross Holiday Benefits</u>
40 x .02825	=	1.13		\$445.20 x 2.825%	=	\$12.58

## How Holiday Benefits Are Paid

1. Holiday benefits will be paid to you without application.
2. Holiday checks will be mailed to you at your last known home address.
3. Holiday checks will be mailed to you the Monday following the observed holiday.

## Recognized Holidays For Which Benefits Will Be Paid

1. Labor Day
  2. Thanksgiving
  3. Christmas
  4. New Year's Day
  5. Memorial Day
  6. Independence Day
4. Following the end of each calendar year, and prior to January 31 of the following year, State and Federal Withholding Tax Statements will be sent to you covering gross holiday benefits paid to you and taxes withheld for the year.

**The number of holidays to be paid and your average wage rate is calculated as follows:**

At the end of an Annual Eligibility Period, the Plan's Administration Office will divide your credited holiday dollars by your credited holiday hours. The result will equal your average wage rate. Your credited holiday hours will be divided by eight to determine the number of holidays to be paid. Each eight hours shall be the equivalent of one holiday payable at your average wage rate.

Example:

At the end of an Annual Eligibility Period, an employee has accumulated 50.8 holiday hours and \$537.46 in holiday benefits.

$$\begin{aligned} \$537.46 \div 50.8 &= \$10.58\text{-average hourly rate} \\ 50.8 \div 8 &= 6.35\text{ holidays to be paid at the average hourly rate} \end{aligned}$$

This employee would receive paid holidays during the Annual Benefit Period as follows:

Labor Day	8.0 hours x 10.58 =	\$ 84.64
**Thanksgiving	10.8 hours x 10.58 =	114.26
Christmas	8.0 hours x 10.58 =	84.64
New Year's	8.0 hours x 10.58 =	84.64
Memorial Day	8.0 hours x 10.58 =	84.64
Independence Day	8.0 hours x 10.58 =	84.64
	50.8	\$537.46

\*\*If at the end of an Annual Eligibility Period, you have accumulated more than six paid holidays at your average wage rate, the excess amount will be paid to you with your Thanksgiving holiday benefit check during the Annual Benefit Period.

If you have a balance of holiday benefits that is **not** equivalent to one day of holiday pay at your average wage rate, the balance will be paid as partial pay for a recognized holiday and no further benefits will be payable during the Annual Benefit Period.

#### **Loss Of Holiday Benefits**

If the Plan's Administration Office does not have an address on record, or if a holiday check is returned as undeliverable, it will be held for one year following the end of the Annual Benefit Period. If the holiday benefit is not claimed during the year it is held, it will be forfeited.

#### **How to Avoid Loss Of Holiday Benefits**

Always keep the Administration Office informed of your current mailing address. If you do this, you will receive all holiday benefit checks that are mailed to you.

#### **Payment Of Holiday Benefits Upon Death Of An Employee**

If you die prior to receiving all of your holiday benefits, any unpaid benefits to which you are entitled shall be paid to whom you designated on the beneficiary designation form completed by you and filed at the Administration Office. If you did not designate a beneficiary, payment of any benefits to which you were entitled shall be made to your surviving spouse, or, if none, to your children in equal shares. If you are not survived by your spouse or any children, any benefits to which you were entitled shall be paid to your next of kin according to the then laws of the State of Wisconsin as if you had died unmarried and without a valid will.

#### **Statement of Accumulated Holiday Benefits**

During the month of July you will receive a statement showing the total holiday hours and dollars that you accumulated during the previous Annual Eligibility Period (June 1 through May 31).

The accumulated holiday benefits as shown on that statement will be paid out during the current Annual Benefit Period (September 1 through August 31).

# JURY DUTY

Jury duty benefits will be paid for time served on jury duty in the State of Wisconsin. Jury duty benefits will be equal to eight times your straight-time hourly wage for each day Monday through Friday, except that in the event you are released from jury duty prior to 11:00 A.M., you will receive four hours of payment for your jury duty prior to 11:00 A.M. You are to report to your employer for work if you are released from jury duty prior to 11:00 A.M. Further, your benefit amount will be reduced by the jury duty stipend paid to you by the Court.

## How Jury Duty Benefits Are Paid

1. Call the Plan Administration Office and request a "Jury Duty Pay" form. 414-778-0068.
2. Obtain a certification from the calendar clerk of the court. The certification will list the days served and the amount of jury duty pay that was paid to you by the court.
3. Return the completed jury duty pay request and the certification from the court to the Plan Administration Office, Two Honey Creek Corporate Center, 115 South 84th Street, Suite 110, P.O. Box 14277, Milwaukee, WI 53214.

Upon receipt of the request and the certification, the Plan Administration Office will issue a jury duty payment which, when added to the jury duty pay paid to you by the court, will equal eight times your straight time hourly wage for each day, Monday through Friday, served on jury duty.

Jury duty benefits may be requested on a weekly basis, or they may be requested after the tour of jury duty has been completed. However, the request for benefits must be made within ninety days of the last date served in a tour of jury duty. Benefits will be forfeited if the filing does not conform to the above rule.

You must be actively at work for a contributing employer in order to receive jury duty benefits.