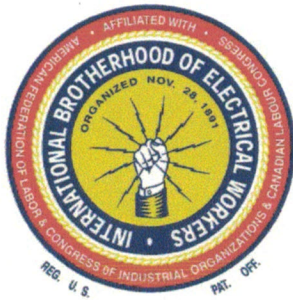


I.B.E.W. LOCAL 104
VACATION/SICK TIME BENEFIT PLAN

SUMMARY PLAN DESCRIPTION



SEPTEMBER 2015

TABLE OF CONTENTS	Page
HOW THIS VACATION/SICK TIME PLAN OPERATES.....	1
DEFINITIONS	2
YOUR RESPONSIBILITIES AS A PARTICIPANT	3
BECOMING A PARTICIPANT IN THE PLAN.....	3
REMAINING A PARTICIPANT IN THE PLAN.....	3
ELIGIBILITY TO RECEIVE VACATION BENEFITS.....	4
AMOUNT OF YOUR VACATION BENEFITS.....	4
PAYMENT DATES.....	4
FORFEITURE OF VACATION BENEFITS.....	5
METHOD OF PAYMENT	5
ROLLOVER	5
SPECIAL CIRCUMSTANCES.....	6
REVIEW AND APPEAL OF A BENEFIT DECISION	7
YOUR PARTICIPANT RIGHTS UNDER ERISA	8
OTHER IMPORTANT REFERENCE INFORMATION ABOUT THE PLAN	10

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I.B.E.W. LOCAL No. 104
VACATION/SICK TIME BENEFIT PLAN

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The Trustees have complete discretionary authority to determine eligibility for benefits under the Fund or to construe and interpret the terms of the Fund, including ambiguous terms and meanings, and any other instruments or policies of the Fund.

Plan Administration / Fund Office

Pursuant to ERISA, the Board of Trustees is considered the "Plan Administrator." The Fund is administered by and for the Trustees through the Fund Office:

New England Electrical Workers Benefit Fund

c/o Insurance Programmers, Inc.

P.O. Box 5817

Wallingford, CT 06492-3730

Telephone Number: (800) 832-6538

Fax Number: (203) 284-8656

The Fund Office is open Monday through Friday, excluding holidays, from 8:00 a.m. until 4:30 with limited access until 5:00 p.m. However, you can access your claim information at any time by visiting the Fund

Employer Identification Number / Fund Number

06-0860627 / 502

Fiscal Year of the Fund (Fund Year)

January 1 through December 31

LEGAL COUNSEL

Robert M. Cheverie & Associates

HOW THIS VACATION/SICK TIME BENEFIT PLAN OPERATES

This Vacation/Sick Time Benefit Plan provides you with an annual distribution for you to use for special purposes, like your vacation. In addition, the Benefit can be used for paid sick time earned for work in Massachusetts. The money for this benefit is contributed on your behalf by signatory Employers pursuant to a collective bargaining agreement (CBA) with the I.B.E.W. Local No. 104 requiring such contributions.

The amount of money an Employer must contribute on your behalf is spelled out in the (CBA). All contributions made on your behalf go directly into the Plan to provide your benefits and to pay the administrative costs of the Plan.

The Board of Trustees of the NEEWBF, comprised of an equal number of Trustees representing Management and Labor, administers the Vacation/Sick Time Plan in the best interest of all Plan participants. The Trustees are responsible for maintaining the Vacation/Sick Time Benefit Plan in a sound financial condition and for providing benefits to you. As part of their duties, the Trustees make the rules that regulate the Vacation/Sick Time Benefit Plan's operation. The Vacation/Sick Time Benefit Plan will continue as long as there is a CBA requiring contributions to be made into it. The Board of Trustees of the NEEWBF has the power, in its discretion, to amend or modify the Vacation/Sick Time Benefit Plan at any time consistent with its purpose of providing vacation benefits by formal written action executed by all of the Trustees. In addition, the Board of Trustees has the power, in its discretion, to amend or modify the Vacation/Sick Time Benefit Plan at any time.

A Plan attorney advises the Trustees to assure the Vacation/Sick Time Benefit Plan complies with all federal and state laws.

DEFINITIONS

BENEFICIARY means the person who is, or may become, eligible to receive vacation benefits from this Plan in the event of your death.

CONTRIBUTIONS means the payments, for purposes of providing vacation benefits, which must be paid by the Employers to the Vacation/Sick Time Benefits Plan on behalf of the Employees. This amount is established by the collective bargaining agreement between your Employer and the Union.

EMPLOYEE means a person who performs work covered under a collective bargaining agreement and works for an Employer who is required to remit to the Plan on the Employee's behalf.

EMPLOYER means a company or person, who is party to a collective bargaining agreement or other written agreement, which requires payments to this Plan on behalf of Employees. The Union is also an Employer if payments are made to this Vacation/Sick Time Benefit Plan for their employees and officers.

ERISA means the Employee Retirement Income Security Act of 1974, its amendments and regulations ("ERISA").

FUND or TRUST FUND means the New England Electrical Workers Benefits Fund (NEEWBF).

PARTICIPANT means any Employee or Former Employee who is or may become eligible to receive benefits from this Plan or whose Beneficiary may be eligible to receive benefits.

PLAN means the I.B.E.W. Local 104 Vacation/Sick Time Benefit Plan.

TRUSTEES means the Trustees designated in the Trust Agreement of the NEEWBF and persons appointed to succeed them.

UNION means the I.B.E.W. Local 104.

YOUR RESPONSIBILITIES AS A PARTICIPANT

- **NOTIFY THE FUND OFFICE IMMEDIATELY IF YOU CHANGE YOUR ADDRESS.** If you move, you must notify the Fund Office of your new address. Important information about this Vacation/Sick Time Benefit Plan and your benefit check may be sent to you by mail. For you to receive these important materials, the Fund Office must have your correct address on file.
- **NOTIFY THE FUND OFFICE IMMEDIATELY IF YOU WANT TO CHANGE YOUR BENEFICIARY.**

Your properly designated Beneficiary for your Death Benefits from the NEEWBF will be considered your Beneficiary for your vacation benefit. If you want to name a new Beneficiary for your vacation benefits in case of your death, you must complete a Beneficiary designation card provided by the Fund Office. If you die, the Fund Office can pay benefits **only** to the person that you have designated in writing as your Beneficiary pursuant to the rules of the NEEWBF or as defined in this SPD. You may change your Beneficiary designation at any time you wish without the permission of your spouse or previously named Beneficiary.

Your divorce will have no impact on your Beneficiary designation; if you no longer wish your ex-spouse to be your Beneficiary, you must complete a new Beneficiary designation form.

It is your responsibility to provide a current address to the Fund Office and to update your Beneficiary designation, if desired.

BECOMING A PARTICIPANT IN THE PLAN

You will initially become a Participant in the Plan when the Plan receives contributions on your behalf from an Employer who is required to remit to this Plan for you under the terms of a CBA and in accordance with ERISA or as a Beneficiary of such Participant.

In addition, employees of the Union and their Beneficiaries are also eligible to participate in the Plan to the extent that the Union has agreed to make contributions to the Vacation/Sick Time Benefit Plan on behalf of such employees.

REMAINING A PARTICIPANT IN THE PLAN

You remain a Participant in this Vacation/Sick Time Benefit Plan until your benefit has been paid to you, or it has been forfeited and no Employer contributions are subsequently made on your behalf. Your participation will also end in the unlikely event this Vacation/Sick Benefit Plan is terminated. If this should happen, Plan benefits that you have earned prior to termination will be paid to you from available money held by the Plan.

ELIGIBILITY TO RECEIVE VACATION BENEFITS

In order to be eligible to receive vacation benefits from the Vacation/Sick Time Benefit Fund, you must have five hundred (500) hours contributed on your behalf in the calendar year, including reciprocal contributions. Notwithstanding the foregoing, you may take a distribution solely for earned paid sick time pursuant to the terms herein even if you have not had 500 hours contributed on your behalf. If your Employer has not contributed on your behalf for all of the hours you worked in the calendar year, you may present your pay stubs to the Fund Office in order to establish your eligibility to receive vacation benefits, only. The amount of your vacation benefit will be based only on the Employer contributions received on your behalf. This requirement will be pro-rated to 167 hours in regard to the 2015 Plan Year.

AMOUNT OF YOUR VACATION BENEFITS

If you are eligible to receive a vacation benefit, the Plan will distribute to you or your Beneficiary the total amount of Employer contributions made on your behalf received by the Fund in a calendar year, less any amount you have taken for earned paid sick leave and less any amount you choose to rollover pursuant to the terms described in this SPD at the end of each calendar year. If you are eligible for earned paid sick time, you can take distributions of your benefit during the course of the calendar year pursuant to the rules described in this SPD.

The Trustees' determination of the amount of vacation benefits payable to you is final, except in cases where clerical errors were made.

No fringe benefit contributions are due on these vacation benefits. Vacation benefits distributed to you are taxable, subject to Social Security and other withholdings and federal and state taxes. You will receive a W-2 Form.

PAYMENT DATES

Vacation benefits are paid annually at the end of February by check unless used for earned paid sick time or you chose to roll your benefit over pursuant to the rules described in this SPD. A Participant can choose either to pick up his or her vacation benefit check at the Fund Office (with proper identification) or to have his or her check mailed to the address on file. The payment dates are subject to change at the discretion of the NEEWBF Trustees. You will be notified in advance of any changes to the payment date.

The Plan only governs when vacation benefit checks are distributed. It does not dictate when you actually may take your vacation.

Benefits for earned sick time are also distributed by check, which can be picked up at the Fund Office or mailed to the Participant's address on file once the necessary documentation has been received in the Fund Office.

FORFEITURE OF VACATION BENEFITS

Vacation benefits are forfeited permanently if:

- You are not eligible for a vacation benefit in a calendar year because you did not have 500 hours contributed on your behalf, including reciprocal contributions (pro-rated in regard to the 2015 Plan Year); or
- The Fund Office cannot send you your vacation benefit check because it does not have a current address for you or your vacation benefit check is not deliverable and you have not contacted the Fund Office within ninety days (90) after the date of distribution; or
- In case of your death, if your Beneficiary or executor of your estate does not apply for your vacation pay within twelve (12) months of the date of your death.

Participants cannot receive vacation benefits once forfeited. Notwithstanding the previous sentence, a Beneficiary who applies for vacation benefits within one (1) year of the Employee's death, but after the vacation benefit has been forfeited, may receive previously forfeited vacation benefits. Amounts forfeited by Participants and any interest earned will be deposited into the NEEWBF for administrative and other authorized expenses.

METHOD OF PAYMENT

You may choose to receive your vacation benefit by the following options:

- You can pick up your vacation benefit check at the Fund Office at the address on the front of this SPD beginning on the last day of the first full week of January, during normal business hours, **if you have notified the Fund Office in writing prior to that date.**
- Unless you have notified the Fund Office of your intention to pick up the check, pursuant to the terms of the prior paragraph, your vacation benefit check will be mailed to you automatically at your current address on file at the Fund Office on or after the Monday of the second full week of January, but no later than the first full week of February. It is your responsibility to provide a current address to the Fund Office. In the event the mailed vacation benefit is returned to the Fund Office, the Participant has ninety (90) days to pick up the payment. If the Participant fails to retrieve their vacation benefit payment in this ninety (90) day period, the benefit is forfeited.

ROLLOVER

You may choose to rollover up to \$2,500 of your vacation benefit to the following year by notifying the Fund Office in writing prior to the end of the calendar year. You will receive a distribution of any remaining vacation benefit over the amount you choose to rollover.

SPECIAL CIRCUMSTANCES

Vacation Benefit Payments in the Event of your Death

If you die before receiving a vacation benefit, the amount you would have been eligible to receive will be paid to your designated Beneficiary at the end of the calendar year, if your Beneficiary applies for your vacation benefit within one (1) year from the date of your death. Your properly designated Beneficiary for your Death Benefits from the NEEWBF will be considered your Beneficiary for your vacation benefit unless you designate a different Beneficiary for your vacation benefits. If the Participant has no designated Beneficiary in regard to the NEEWBF death benefit or the vacation benefit, then the Beneficiary for the vacation benefit will be considered the Participant's surviving spouse, but if none, the Participant's surviving child(ren), but if none, the Participant's surviving parent(s), but if none, to his or her estate. If the Participant becomes mentally incompetent before receiving vacation benefits, the Participant's vacation benefits will be paid to his or her guardian.

Vacation Benefits for Earned Paid Sick Time

As used in this Section of the SPD, all terms will have the meanings ascribed to them in Massachusetts regulations, 940 CMR 33.00 *et seq.*

Employees whose primary place of work is in Massachusetts may use vacation benefits for any earned paid sick pay to which they are eligible in a calendar year. Distributions of vacation benefits for earned paid sick time will be payable upon application by the eligible Employee along with the proper forms completed by the Employer. Application for vacation benefit distribution for earned paid sick time must include a statement from the Employee's Employer that he or she has taken or will take a specific number of days or hours of earned paid sick time. The Employer's statement must include the specific dates on which the earned paid sick time was or will be taken. The vacation benefit will be payable as soon as practicable and will be equal to the number of hours of earned paid sick time actually used by the Employee multiplied by the Employee's hourly rate of pay pursuant to the CBA.

If the Employee has not accrued sufficient vacation benefits to cover the entire payment for paid sick time, the balance will be the responsibility of the Employee's Employer. The amount of the Participant's vacation benefit payment made at the end of the calendar year will be reduced by the amount of benefits used or forwarded for earned paid sick time.

REVIEW AND APPEAL OF A BENEFIT DECISION

If, for any reason, you are denied vacation benefits, in whole or in part, the Fund Office will provide you with a written notice containing the information listed below within 90 days (or 180 days under special circumstances) of the date your application is received, including:

- The reason(s) why your benefits or a portion of them were denied;
- Reference to Plan provision(s) on which the denial was based;
- What additional information, if any, is required to reconsider the denial; and
- What steps you must take if you wish to appeal the decision.

If you believe the Fund made a mistake about your entitlement to vacation benefits or the amount of your vacation benefits, you should immediately ask the Fund Office to review your case with you. The Fund Office may request additional information from you to enable it to re-evaluate its decision prior to an appeal.

If, after review by the Fund Office, you still do not agree with how your claim for benefits was decided, you may appeal that decision to the Board of Trustees (or a Committee of the Trustees). Here's how you appeal:

Within 60 days after you receive a denial notice which you believe is incorrect, you must notify the Fund Office *in writing* that you wish to have your case reviewed by the Board of Trustees.

Your written request for a review should include all information regarding your claim for vacation benefits and the reason(s) you believe the original decision is wrong. Upon request, the Fund Office will assist you in gathering any information from the Vacation/Sick Time Benefit Fund's records, which you reasonably believe might support your claim. Copies of your Fund records regarding your benefit claim will be provided to you, at no cost, upon request.

The Trustees will review your appeal. The Fund Office generally will notify you of the Trustees' decision following the next quarterly meeting that is at least thirty (30) days after your appeal is filed or following the second quarterly meeting that is at least thirty (30) days after you file your appeal if you also sought a personal appearance.

You will receive notice of the Trustees' decision in writing. The notice will include: (a) the reasons for the decision and (b) reference to the specific Plan provision(s) on which the decision is based.

You may not begin any legal action, including proceedings before administrative agencies, until you have followed the procedures and exhausted the opportunities described here.

If you have any questions about the review procedures described above, please contact the Fund Office in writing at the address in this SPD.

YOUR PARTICIPANT RIGHTS UNDER ERISA

ERISA is a federal law which sets forth certain minimum standards for the design and operation of privately sponsored trust plans. ERISA regulates this Vacation/Sick Time Benefit Plan. ERISA also spells out your rights and protections as a Participant of this Plan.

Specifically, you have the following federally protected rights:

- You will automatically receive a Summary Plan Description (this booklet). The purpose of this booklet is to describe all pertinent information about the Vacation/Sick Time Benefit Plan.
- If any substantial changes are made in the Vacation/Sick Time Benefit Plan, you will be notified in writing within the time limits required by ERISA.
- Each year you will automatically receive a summary of the Vacation/Sick Time Benefit Plan's latest annual financial report. A copy of the full report is also available upon written request.
- You may examine, without charge, all documents relating to this Vacation/Sick Time Benefit Plan. These documents include: this SPD, the NEEWBF Trust Agreement, collective bargaining agreements, and copies of all documents filed by the NEEWBF with the Department of Labor or the Internal Revenue Service, such as annual reports and Plan descriptions.

The Trustees have adopted certain procedures that you must follow to assure that your request to examine Vacation/Sick Time Benefit Plan documents is handled completely and promptly. Specifically:

- your request should be in writing;
- it should specify what materials you wish to review; and
- it should be received at the Fund Office at least five (5) working days before you want to review the materials at the Fund Office.

Although all pertinent Vacation/Sick Time Benefit Plan documents are on file at the Fund Office, arrangements can be made, upon written request, to make Vacation/Sick Time Benefit Plan documents that you want to examine available at any worksite or union location at which 50 or more Participants report to work. You should contact the Fund Office if you want this done.

You may obtain copies of any Vacation/Sick Time Benefit Plan document upon written request to the Trustees, addressed to the Fund Office. ERISA provides that the Trustees may make a reasonable charge for the actual cost of reproducing any document you request; however, you are entitled to know what the charge will be in advance. Please direct inquiries to the Fund Office.

No one may prevent or interfere with you obtaining a benefit or exercising any right to which you are entitled under ERISA.

In accordance with Section 503 of ERISA and related regulations, the Trustees have adopted certain procedures to protect your rights if you are not satisfied with the action taken on your request for information.

Basically, the procedures provide that:

If your claim for vacation benefits is denied, in whole or in part, you will receive a written explanation for the reason(s) for the denial. If you are still not satisfied with the action on your claim, you have the right to have the Trustees review and reconsider your application in accordance with the Plan's Benefit Appeals Procedures.

In addition to creating rights for Plan Participants, ERISA also defines the obligations of those involved in operating employees benefit plans.

Persons, known as "fiduciaries," have the duty to operate your Plan prudently and to look out for the best interests of all Plan Participants. 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 benefit or exercising your rights under ERISA.

Under ERISA, you may take certain actions to enforce the rights listed above. For instance, if you request materials that you are entitled to from the Plan and do not receive them within 30 days, you may file suit in federal court. Of course, before taking such action, you should check again with the Fund Office to make sure that:

- the request was actually received,
- the material was mailed to the right address, or
- the failure to send the material was not due to circumstances beyond the Trustees' control.

If you decide to take legal action, the Court may require the Trustees to promptly provide any materials to which you are entitled and or to pay a fine of up to \$110.00 for each day's delay until you actually receive these materials (unless the delay was caused by reasons beyond the control of the Trustees).

Although the Trustees will try to resolve any disputed claims with Participants fairly and promptly, there always is the possibility differences cannot be resolved. You may file suit in federal court if you believe that you have been improperly denied a benefit. However, before exercising this right, you must take advantage of all the benefit appeal procedures which are provided under the Plan (See pages 8 and 9 of this SPD).

If it should happen that Plan fiduciaries misuse the Plan's assets or discriminate against you for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a federal court. If you file a lawsuit, the court will decide who should pay the court costs and legal fees. For example, if you are successful, the court may order the person you have sued to pay these costs and fees. If you are not successful, the court may order you to pay these costs and fees. For example, if the court finds your claim to be frivolous, you may have to pay the Fund's legal costs and fees.

If you have any questions about this Vacation/Sick Time Benefit Plan, you should contact the Trustees by writing at the address on this SPD.

If you have questions about your rights under ERISA, you may 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 N.W., Washington, D.C. 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.

OTHER IMPORTANT REFERENCE INFORMATION ABOUT THE PLAN

Fund's EIN and Plan Number: 06-0860627, 502

The Name and Address of Plan Administrator

The Vacation/Sick Time Benefit Plan is administered and maintained by the Board of Trustees. The Administrative Office of the Fund is located at:

New England Electrical Workers Benefit Fund
c/o Insurance Programmers, Inc.
P.O. Box 5817
Wallingford, CT 06492-3730
Telephone Number: (800) 832-6538
Fax Number: (203) 284-8656

Legal process may be served to the Board of Trustees at the Fund's Administrative Office.

Parties to the Collective Bargaining Agreement

The Vacation/Sick Time Benefit Plan is maintained according to collective bargaining agreements between the Union and the various participating Employers.

Participants may obtain, upon written request to the Fund Office, a list of parties to the collective bargaining agreements.

Sources of Trust Fund Income

Vacation benefits are held in a trust fund. Sources of Fund income include Employer Contributions and Fund investment earnings, if any. All Contributions are paid to the Fund subject to provisions in the collective bargaining agreements between the Union and Employers.

Method of Funding Benefits

Employer Contributions and net earnings from investments are available to pay benefits. However, the Trustees must pay Vacation/Sick Time Benefit Fund operating costs and administrative expenses from income and are authorized to maintain an operating reserve to assure that these costs and expenses will be paid.

If an investment loss occurs or a loss occurs from the payment of expenses, you may receive less than the total contributions made to the Plan on your behalf.

Fiscal Year of the Plan

The Plan's fiscal year begins January 1 and ends the following December 31.