

Amendment No. 16 to the 2020 Summary Plan Description and Plan Document of the NECA-IBEW Welfare Trust Fund

WHEREAS, the Board of Trustees of the NECA-IBEW Welfare Trust Fund (“Fund”) may, pursuant to the terms of the Summary Plan Description and Plan Document (“SPD”), amend the SPD.

NOW, THEREFORE, the Trustees amend the 2020 SPD as follows:

1. Effective October 2, 2025, the Claim and Reimbursement Procedures under the Health Reimbursement Account (HRA) section on page 106 shall be amended to read as follows:

Claim and Reimbursement Procedures

You must submit a claim for reimbursement of any expense. Claims can be submitted via the HRA Portal (<https://necaibew.lh1ondemand.com>), via the NECA-IBEW HRA mobile app powered by Wex Health Inc. (for both iPhone and Android devices), or by submitting a paper claim. When you use your Benny Card to pay for an expense, a claim will automatically be submitted for you within a few days; it is not necessary to submit a claim manually through the portal, mobile app, or with a paper claim form. However, for Benny Card payments, you may be required to submit a substantiating document to the Fund, such as an Explanation of Benefits (EOB), statement of account, or other receipt, which shows the amount and type of expense.

If you, your spouse, and/or your Dependents are Eligible for other coverage (including a health care Flexible Spending Account (FSA), if applicable), you may be required to provide proof, such as an Explanation of Benefits (EOB) or statement of account, to this Plan which shows that the expense has not been submitted to such other coverage for payment. Only eligible expenses that have not been reimbursed will be considered for reimbursement or substantiation.

The amount paid or reimbursed for any eligible expense cannot exceed your HRA balance at the time the claim or reimbursement is requested. If an eligible expense exceeds the HRA balance, you will be reimbursed up to the amount available, and you will continue to be reimbursed as additional funds become available. For example, if you submit a claim for \$500, but only have a \$250 balance in your account, you will be reimbursed \$250 to start, and will receive additional reimbursements as additional contributions are credited to your account.

To receive reimbursement for an eligible expense, you must submit a claim within four (4) years of the date the expense is incurred. In addition, you must comply with the Plan’s application and claims procedures, which include providing an itemized bill or invoice dated within ninety (90) days of filing a claim, along with proof that the eligible

expense remains unpaid.

Within 30 days after receipt by the Plan, the Fund will approve and reimburse the claim, or will notify you that the claim has been denied.

If you fail to timely submit a claim for reimbursement, your claim may be denied. In addition, any HRA payments that are unclaimed (e.g., uncashed checks) by the end of the 12-month period following the Calendar Year in which the claim was incurred will remain the property of the Fund, but will be credited back to your HRA balance.

By submitting a HRA claim, you agree to accept and adhere to the following conditions:

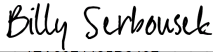
1. The eligible expense has not been otherwise reimbursed, nor will it otherwise be reimbursed, through any other source (including a health care Flexible Spending Account (FSA), if applicable);
2. For premiums paid for other coverage, the eligible expense has not been paid or is not eligible for payment on a pre-tax basis; and
3. The eligible expense has not been taken, nor do you intend to take it, as a tax deduction.
4. The following documentation, as applicable, may be required to verify your claim as an eligible HRA expense:
 - a. An itemized bill from the service provider that includes the name of the Person incurring the charges, date of service, description of services, name of provider, and amount of charge.
 - b. An Explanation of Benefits (EOB) of any coverage (including any EOB from this Plan), plus original receipts verifying payment, when requesting reimbursement of the balance of charges for which coverage is available.
 - c. Proof of the amount and date paid when requesting reimbursement for other insurance premiums, such as a spouse's group health coverage premiums, and verification that the premium was not paid or eligible for payment under an IRC Section 125 plan. Additional documentation is also required for reimbursement of premiums under a qualified long-term care contract.
 - d. A receipt and proof of purchase or rental for covered items (such as for crutches or wheelchairs).
 - e. An acceptable proof of payment, such as a copy of the front and back of a cancelled check or a copy of the front of a check.
 - f. Any additional documentation requested by the Plan.

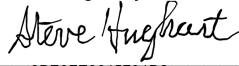
HRA benefits are intended to pay benefits only for HRA-eligible expenses not previously reimbursed or reimbursable elsewhere. If a HRA-eligible expense is payable or reimbursable from another source, that other source will pay or reimburse before payment or reimbursement from your HRA account associated with this Plan. However, if the eligible expense is covered by both your HRA associated with this Plan and by a health care Flexible Spending Account (FSA), then the funds in your HRA account associated with this Plan cannot be used as reimbursement of such expense until after the amounts available for payment or reimbursement under the FSA have been

exhausted.

IN WITNESS WHEREOF, as authorized by the Board of Trustees, this Amendment No. 16 to the Fund's Summary Plan Description and Plan Document, 2020 Edition, is adopted on the 2nd day of October, 2025.

The Board of Trustees, by:

DocuSigned by:

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Chairman

DocuSigned by:

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Secretary