



Benefit Trust Fund

COVERING THE MEMBERS OF CCPOA

CCPOA DISABILITY BENEFIT PLAN COVER LETTER TO UPDATED SUMMARY PLAN DESCRIPTION

TO: All Participants of the CCPOA Disability Benefit Plan
FROM: Board of Trustees
DATE: October 1, 2026
RE: *Updated Summary Plan Description Effective June 1, 2026*

Please find enclosed the updated CCPOA Disability Benefit Plan Summary Plan Description (“SPD”) effective June 1, 2026. The SPD is being updated from its previous version dated January 1, 2026. As a reminder, the CCPOA Disability Benefit Plan (the “Plan”) is intended to provide eligible Participants with disability benefits.

The purpose of this letter is to provide you a summary of the important changes made to the Plan in the updated SPD. You should take the time to read this Cover Letter and the enclosed updated SPD. If any conflict should arise between this Cover Letter and the Plan, or if any point is not discussed in this Cover Letter or is only partially discussed, the terms of the Plan will govern in all cases.

Below is a summary of the important changes made by the Plan, as of June 1, 2026.

1. Updated Definition of “Spouse”

The definition of “Spouse” has been updated to mean a person to whom you are lawfully married in any jurisdiction.

2. Updated Definition of “Child”

The definition of “child” has been expanded to mean your natural child, lawfully adopted child, stepchild, child placed in your home for adoption, or other child for whom you have assumed legal guardianship.

3. Added Definition of “Military Reserve Duty”

The definition of “Military Reserve Duty” has been added to mean serving part time in the military.

4. Updated Exclusion Language of Service in the Armed Forces

The Language excluding Benefits to be paid for disabilities that result from Service in the armed forces unless it occurs during Military Reserve Duty and not during a time of war.

5. Diabetes Pre-Existing Condition Exclusion

The Plan has been updated to clarify that if you had a pre-existing condition of diabetes prior to enrollment after January 1, 2025, that condition and any current or subsequent related conditions are excluded from disability coverage under the Plan.

6. Commencement of Disability Coverage

The Plan has been updated to clarify when disability coverage commences. Specifically, that disability coverage becomes effective on the first day of the following month for applications received on or before the 10th, and on the first day of the second following month for applications received after that.

7. False or Fraudulent Claims

The Plan has been updated to clarify what happens if you present a false or fraudulent claim. Specifically, any person who knowingly presents a false or fraudulent claim for benefit payment may be subject to cancellation of coverage under this Plan or subject to an extended pre-existing period beyond the Plan's 24 month period, as determined by the Board of Trustees.

8. Physical Examination

The Plan provides that participants who receive disability coverage under this Plan may have their eligibility for benefits reviewed by the Board of Trustees at any time, including requiring a physical examination. The Plan has been updated to clarify that you may either undergo an examination by the Plan's designated physician or by the physician of your choice at the Plan's expense.

9. Appeal Provisions

The appeal process has been updated to:

- Clarify that participants are allowed to submit documentation in support of their claim
- Remove the requirement that participants must provide sufficient credible evidence to establish prima facie entitlement by a preponderance of the evidence in order to have their appeal approved.
- Add language that the Board of Trustees have exclusive authority to decide plan benefits, eligibility, interpret Plan language and make a final determination on appeal.

10. Statute of Limitations

The Plan has added a 1 (one) year Statute of Limitations to bring a civil action against the Plan after a denial of appeal. Specifically, any such civil action under ERISA Section 502(a) arising from the denial of benefits must be filed within one (1) year from the date on which the Board of Trustees provides you notice that your appeal has been denied, regardless of any state statutes establishing provisions relating to limitations of actions.

11. Authorized Representative Form

The Plan now requires that you use its standard Authorized Representative Form when appointing an authorized representative to act on your behalf.

12. Designated Beneficiary

Previously, if you died while receiving Disability benefits under the Plan, then your remaining monthly benefits for the period of time that you elected, would continue as follows:

1. First to your Spouse or Domestic Partner, or if none, then
2. To your Dependent Children in equal shares, or if none, then
3. To your designated Beneficiary.

Effective for deaths occurring on or after April 1, 2026, the order of priority for distribution of any remaining Disability benefits has changed. Specifically, if you die while receiving Disability benefits under the Plan, then your remaining monthly benefits for the period of time that you elected will continue as follows:

1. First to your designated Beneficiary; or if none then
2. To your Spouse or Domestic Partner; or if none then
3. To your Children, in equal shares; or if none then
4. To your father and/or mother, in equal shares; or if none then
5. To your sisters and/or brothers, in equal shares.

If you have not completed your Survivor Benefit Beneficiary Designation/Change Form yet, please reach out to the Trust Fund Office to request the form to complete.

13. Revocation of Designated Beneficiary Upon Dissolution of Marriage/Domestic Partnership

Previously, if you had designated your Spouse or your Domestic Partner as your designated Beneficiary and you got divorced or your Domestic Partnership had dissolved, then your ex-spouse and ex-Domestic Partner would still be your designated Beneficiary for any remaining Disability benefits unless you had updated your Survivor Benefit Beneficiary Designation/Change Form.

Effective for deaths occurring on or after April 1, 2026 if you designate your Spouse/Domestic Partner as your designated Beneficiary under the Plan, then upon the dissolution of your marriage/Domestic Partnership, your Beneficiary designation will be revoked. This means that your Spouse/Domestic Partner will no longer be your designated Beneficiary for the Disability benefit under the Plan upon the dissolution of your marriage or domestic partnership.

If you want your Spouse/Domestic Partner to still be your designated Beneficiary for the Disability benefit after the dissolution of your marriage/domestic partnership, you will need to complete and submit a new Survivor Benefit Beneficiary Designation/Change Form.

If you need another copy of the SPD or if you have any questions about this Cover Letter or the updated SPD, please contact the Trust Fund Office at:

CCPOA Benefit Trust Fund

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