

CLAIMS PROCEDURES

When you apply to retire and receive benefits from the Plan, the Retirement Committee follows certain procedures in deciding whether to begin paying your benefits. These procedures differ depending on whether you are applying for an early, normal, or deferred retirement benefit, termination benefit, or a disability benefit. These different sets of procedures are described below.

Review of Claims for Retirement Benefits

The Retirement Committee or its designee (which includes members of United Benefits Group's Senior Pension Administrative Staff) will decide a claim within a reasonable time after it is received and has the right to require evidence reasonably needed to decide the claim. If a claim is fully or partially denied, you will be furnished a written notice that includes the following items:

1. The specific reason or reasons for the denial;
2. A specific reference to plan provisions on which the denial is based;
3. A description of any additional material or information necessary for you to perfect your claim and an explanation of why such material or information is necessary; and
4. Appropriate information regarding the steps to be taken if you wish to appeal your claim, including the period in which it will be decided, and a statement of your rights to bring a lawsuit under ERISA Section 502(a) following an adverse decision on an appeal of the decision.

This notice will be furnished by registered or certified mail to you within 90 days after the receipt of your claim by the Retirement Committee or its designee, unless the Retirement Committee or its designee determines that special circumstances require an extension of time for processing the claim. No

extension shall be for more than 90 days after the end of the initial 90-day period. If the Retirement Committee determines an extension of time for processing the claim is required, it will provide written notice of the extension to you before the end of the initial 90-day period. The extension notice will indicate the special circumstances requiring an extension of time and the date the Retirement Committee expects to render a decision.

If a claim is denied you may appeal the denial by sending a written application to the Retirement Committee or its designee. You will be entitled to a full and fair review of your claim and the related adverse benefit determination. No appeal will be considered unless it is received by the Retirement Committee or its designee within 65 days after receipt by the claimant of written notification of denial of the claim. You may submit written comments, documents, records, and other information related to the claim for benefits. You will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits. If a request for review is so filed, the review will take into account all comments, documents, records, and other information submitted by you related to the claim, without regard to whether such information was submitted or considered in the initial benefit determination.

This review will be made by the Retirement Committee at its next regularly scheduled quarterly meeting after receipt of the request, unless the meeting occurs within 30 days after the receipt of the request for review, in which case a decision will be made no later than the date of the second quarterly meeting following receipt of the request for review. If special circumstances require any further extension of time for processing, a decision will be rendered

not later than the third quarterly meeting after receipt of the request for review, and you will be notified in writing of the need for such an extension prior to the commencement of the extension. You will be given written notice of the decision resulting from the review, and the notice will include specific reasons for the decision and specific references to the Plan's provision on which the decision is based. If the appeal is wholly or partially denied, the Retirement Committee will furnish you with a written notice setting forth these specific reasons for the decision, specific references to the provisions in which the decision is based, an explanation of your rights to receive documents, records, and other information relevant to your claim, and your right to information regarding the right to sue under ERISA Section 502(a).

Review of Claims Involving Disability Benefits

In the case of a claim involving the determination of Total and Permanent Disability, the Retirement Committee or its designee will decide such a claim within a reasonable time after it is received and will have the right to require any evidence it may reasonably need to decide the claim. If the Retirement Committee or its designee wholly or partially denies a claim, it will furnish you with a written notice setting forth, the following items:

1. The specific reason or reasons for the denial;
2. A specific reference to plan provisions on which the denial is based;
3. A description of any additional material or information necessary for you to perfect your claim and an explanation of why such material or information is necessary;
4. Appropriate information regarding the steps to be taken if you wish to appeal your claim, including the period in which it will be decided, and a statement of your rights to bring a lawsuit under ERISA Section 502(a)

following an adverse decision on an appeal of the decision;

5. If the Retirement Committee relied upon an internal rule, guideline, protocol, or other similar criterion, the specific rule, guideline, protocol, or other similar criterion relied upon, or a statement that such a rule, guideline, protocol, or criterion was relied upon and that a copy of it will be provided upon request, at no charge; and
6. An explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that this explanation will be provided upon request, at no charge, if the adverse decision is based on a medical necessity or experimental treatment or similar exclusion or limit.

The Retirement Committee or its designee will furnish this notice to you within 45 days after receipt of your claim by the Retirement Committee, unless it determines an extension of time is necessary due to circumstances beyond its control. If the Retirement Committee or its designee determines such an extension is necessary, it may extend the initial 45-day period described above for no more than 30 days, provided written notice of the extension is furnished to you before the end of the initial 45-day period. The extension notice shall describe the circumstances requiring the extension of time and the date by which the Retirement Committee expects to make a decision. If, prior to the end of the first 30-day extension period, the Retirement Committee determines that, due to circumstances beyond its control, it cannot render a decision within the extension period, it may extend the period for making the determination for an additional 30 days, provided written notice of the additional extension is furnished to you before the end of the first 30-day extension period. The extension notice will describe the circumstances requiring the additional extension of time and the date by which the Retirement Committee expects to

make a decision. The notices for extensions of time described in this paragraph will also specifically explain:

1. the standards on which the entitlement to the benefit is based;
2. the unresolved issues that prevent a determination;
3. the additional information needed to resolve these issues; and
4. that you will be provided with no less than 45 days to provide the specified information.

If a claim is denied, you may appeal the denial by sending a written application to the Retirement Committee or its designee. You will be entitled to a full and fair review of your claim and the related adverse benefit determination. No appeal will be considered unless it is received by the Retirement Committee or its designee within 180 days after receipt by you of written notification of denial of the claim. You may submit written comments, documents, records, and other information related to the claim for benefits. You will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits. If a request for review is filed, the review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination.

The review will be made by the Retirement Committee at its next regularly scheduled quarterly meeting after receipt of the request, unless the meeting occurs within 30 days after the receipt of the request for review, in which case a decision will be made no later than the date of the second quarterly meeting following receipt of the request for review. If special circumstances require a further extension of time for processing, a decision will be rendered not later than the third quarterly meeting after receipt of the request for review, and you will be notified in writing of the need for such an extension prior to the commencement of the extension. You will be given written notice of the decision resulting from the review, and the notice will include specific reasons for the decision and specific references to the pertinent Plan provisions on which the decision is based.

If the appeal is fully or partially denied, the Retirement Committee or its designee will furnish you with a written notice setting forth the specific reasons for the decision, specific references to the pertinent Plan provisions upon which the decision is based, an explanation of your right to receive documents, records, and other information relevant to your claim, and your right to bring an action under ERISA Section 502(a), if necessary, information required under Items (5) and (6) above, and the following statement: "You and your Plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your state insurance regulatory agency."