



SOUTHERN CALIFORNIA PIPE TRADES HEALTH & WELFARE FUND

SUPPLEMENT No. 3

To: All Participants
From: Board of Trustees
Date: March 2026
Re: Vacation and Holiday Paid Time Off Benefit

KEEP THIS NOTICE WITH THE SUMMARY PLAN DESCRIPTION

Effective March 1, 2026, the Board of Trustees has expanded the Plan to allow for benefits withdrawals for paid leave pursuant to Executive Order 13706, *Establishing Paid Sick Leave for Federal Contractors*, which requires employees of certain federal contractors to be provided with up to 56 hours of paid leave annually.

This change amends the 2025 Summary Plan Description as follows:

SECTION

1. INTRODUCTION

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B) Purpose of the Plan

The Plan was set up to provide paid time off benefits during a Participant's working years, specifically for vacation, holiday, sick, and other personal time off. The paid time off benefits provided under this Plan also include those required to be provided to employees of certain federal contractors under Executive Order 13706, *Establishing Paid Sick Leave for Federal Contractors* ("EO 13706"). The Plan is funded by Employers who contribute on behalf of their Employees on a per-hour basis under a Collective Bargaining Agreement or a Participation Agreement.

6. BENEFIT PAYMENTS

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B) Interim Withdrawal Option

You may receive the Available Balance in your Individual Account early by requesting an Interim Withdrawal. An Interim Withdrawal will disburse 100% of your Available Balance. One Interim Withdrawal for any reason will be permitted each Calendar Year. Additional Interim Withdrawals of up to 100% of your Available Balance will be allowed when requested for leave qualified under EO 13706. No other Interim Withdrawals will be permitted.

EO 13706 allows for use of paid sick leave when employees of covered federal contractors or subcontractors are absent due to:

- a) A physical or mental illness, injury, or medical condition;
- b) Obtaining diagnosis, care, or preventive care from a health care provider;
- c) Caring for a child, parent, spouse, domestic partner, or any other individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship who has any of the conditions or needs for diagnosis, care, or preventive care described in (i) or (ii) or is otherwise in need of care; or

- d) Domestic violence, sexual assault, or stalking, if the time absent from work is for the purposes described in (i) or (ii) or to obtain additional counseling, seek relocation, seek assistance from a victim services organization, take related legal action, including preparation for or participation in any related civil or criminal legal proceeding, or assist an individual related to the employee as described in (iii) in engaging in any of these activities.

i) Application

To request an Interim Withdrawal, you must complete the Request for Vacation & Holiday Interim Withdrawal Form and submit it to the Fund Office. If the form is in proper order, the disbursement generally will be issued by the Fund Office within 14 calendar days of receipt of the request (or no later than the end of the regular pay period following the pay period in which the leave was taken for leave taken pursuant to EO 13706), except during the prohibited periods as described below.

Note that:

- a) Interim Withdrawals are generally not permitted from approximately November 20 through December 10 and from March 20 through April 10 of each year due to the preparations necessary for processing the Normal Benefit; however, Interim Withdrawals requested for qualifying leave under EO 13706 will be processed during this period.
- b) An Interim Withdrawal or Monthly Benefit may affect the amount of the Surplus Income allocated to your Individual Account. Any Surplus Income allocated to your account will be based on the balance in your Individual Account as of November 30. If the balance in your Individual Account as of November 30 is zero or reduced due to an Interim Withdrawal or a Monthly Benefit, you will receive no Surplus Income or a reduced amount of Surplus Income.

ii) Forms of Payment

You may choose to receive your Interim Withdrawal via check or direct deposit (ACH transfer) to your bank account.

- a) Via Check: The default option is to send a check to your address on file with the Fund Office. However, if you have provided direct deposit information for your Normal Benefit, your Interim Withdrawal will also be sent via direct deposit.
- b) Via Direct Deposit: If you have not previously provided direct deposit information for your Normal Benefit and you want your Interim Withdrawal to be paid by direct deposit to your bank account, you must submit with your application a Normal Benefit Election Authorization Agreement for Direct Deposit, which includes a voided check (or deposit slip in the case of a savings account). If the form is not received with your application, a check will be issued to the address on file with the Fund Office. You need only submit the Normal Benefit Election Authorization Agreement for a Direct Deposit once. It will remain in effect for all subsequent payments until you cancel it in writing or funds are returned to the Fund Office because the account is not capable of receiving deposits.

This Southern California Pipe Trades Health & Welfare Fund believes this Active Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Active Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office at (800) 595-7473. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or <https://www.healthcare.gov/health-care-law-protections/grandfathered-plans/>. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

KEEP THE FUND OFFICE INFORMED OF YOUR ADDRESS.

If the Fund office does not have your current address, you will not be informed about important changes to your benefits and you may not receive all the benefits to which you are entitled. You can obtain a Change of Address Form from www.scptac.org, or from the Fund office or your Local Union office. You may also use this QR code to complete a Change of Address Form.

You should also promptly advise the Fund office of any change in your family status, such as marriage, divorce, or death.

