



Carpenters Southwest Administrative Corporation

LOS ANGELES ADMINISTRATIVE OFFICE: 533 S Fremont Ave. • Los Angeles, CA 90071-1706 • Tel: (213) 386-8590 • Toll Free (800) 293-1370
LAS VEGAS ADMINISTRATIVE OFFICE: 980 Kelly Johnson Dr., Ste.180 • Las Vegas, NV 89119-3722 • Tel: (702) 851-4510 • Toll Free (800) 501-0210
www.carpenterssw.org

December 2002

CLAIMS AND APPEALS PROCEDURES

This section describes the procedures for filing claims for pension and disability benefits from the Carpenters Pension Trust for Southern California effective January 1, 2002. This section also describes the procedure for you to follow if your claim is denied in whole or in part and you wish to appeal the decision.

CLAIMS PROCEDURES

A. What is a Claim

These procedures only apply to a “claim for benefits.” A claim for benefits includes:

- A request by a specific claimant (or authorized representative thereof) for Plan benefits that is submitted in writing to the administrative office of the Pension Trust (the “Administrative Office”).
- A request submitted in writing to the Administrative Office for a determination whether suspension of benefits will result if a pensioner engages in a specific type of employment.
- A request submitted in writing to the Administrative Office for a statement of accrued and vested benefits.

What is NOT a “claim for benefits”

Certain inquiries, questions and requests regarding eligibility or available benefits made before an application for benefits is completed are not subject to the time limits that apply to Claims and carry no right to appeal.

B. Where to File a Claim

Claims must be received at the Administrative Office located at:

Carpenters Pension Trust for Southern California
533 South Fremont Avenue
Los Angeles, California 90071-1706
213-386-8590
800-293-1370
FAX # 213-739-9369

Claim forms may be obtained by contacting your Union Local or the Administrative Office.

Arizona
Satellite Office
4547 W. McDowell Rd.
Phoenix, AZ 85035-4124
(602) 352-6805

New Mexico
Satellite Office
1021 Cardenas Dr., NE
Albuquerque, NM 87110-6615
(505) 266-8869

Utah
Satellite Office
8149 S. Welby Park Drive
West Jordan, UT 84088
(801) 282-6528

C. Authorized Representatives

An authorized representative, such as your spouse, may complete the claim form for you if you are unable to complete the form yourself and have previously designated the individual to act on your behalf. A form can be obtained from the Administrative Office to designate an authorized representative. The Administrative Office may request additional information to verify that this person is authorized to act on your behalf. Even if you have designated an authorized representative to act on your behalf, you must personally sign a claim form and file it with the Administrative Office unless you are unable to do so.

D. When a Decision Will be Made on a Claim

The deadlines for processing your claim for benefits will vary depending on whether your claim is for a pension benefit or a disability benefit. For this purpose, a Disability Pension benefit requires a finding of total disability. The Board of Trustees will decide whether you are totally disabled on the basis of competent medical evidence or they may accept as proof of total disability a determination by the Federal Social Security Administration that you are entitled to a Social Security Disability Benefit.

1. Pension Claims

Pension claims are required to be decided and notice of the decision given to you within a reasonable period of time, not later than **90 days** after receipt of the claim by the Administrative Office.

This period may be extended one time for up to **90 days**, provided that the Administrative Office both: (1) determines that special circumstances require the extension; and (2) notifies you, prior to the expiration of the initial 90-day period, of the circumstances requiring the extension of time and the date by which a decision on your claim may be expected.

2. Disability Claims

Disability Benefit Claims are required to be decided and notice of the decision given to you within a reasonable period of time, not later than **45 days** after the receipt of the claim by the Administrative Office.

This period may be extended two times by the Administrative Office for up to **30 days** each, provided that the Administrative Office both: (1) determines that such an extension is necessary due to matters outside the control of the Administrative Office; and (2) notifies you, prior to the expiration of the initial 45-day period, of the circumstances requiring the extension of time and the date by which a decision on your claim may be expected.

Any notice of extension shall explain the standard on which the entitlement to benefits is based, the unresolved issues that prevent a decision on the claim, and any additional information needed to resolve those issues.

3. When a Claim is Deemed “Received”

A claim is “received” for purposes of these rules when the signed benefit application form is received by the Administrative Office, although additional information, including election forms, tax forms, retirement declarations, etc. may be required before an initial determination can be made on the application. The Administrative Office will specify what additional information may be needed.

4. Missing Information

If your claim is received without all the information needed to process your claim, you will be notified by the Administrative Office of what additional information is needed and you will be given additional time to supply the missing information. The time periods for making decisions discussed in paragraphs 1 and 2 above are tolled (“suspended”) from the date you are notified of the need to supply missing information until the date you respond to the

notice to the Administrative Office.

In the case of a claim for pension benefit you will be given at least **90 days** to provide the missing information. If such information is not received by the Administrative Office within the 90-day extension period, the claim will be denied, and a new application must be filed with the Administrative Office.

In the case of a claim for a disability pension benefit you will be given at least **45 days** to provide the missing information. If such information is not received by the Administrative Office within the 45-day extension period, the claim will be denied, and a new application must be filed with the Administrative Office.

E. Form of Notice of Initial Determination

If your claim for benefits is denied in whole or in part, the Administrative Office will provide you a written notification setting forth:

1. The specific reason(s) for the determination;
2. Reference to the specific plan provision(s) on which the determination is based;
3. A description of any additional material or information necessary to perfect the claim and any explanation of why the additional material or information is necessary; and
4. A description of the Plan's appeal procedures and the time limits applicable to such procedures, including a statement of your right to sue under Section 502(a) of ERISA after exhaustion of the review procedures.

In addition, for disability claims, the following additional information, as necessary:

5. If the determination was based on an internal rule, guideline, protocol or similar criterion, notification that the rule, guideline, protocol or similar criterion was relied upon in making the determination and will be provided to you free of charge upon request.

APPEALS PROCEDURES

F. Time to Request Review

You may appeal a denial of your claim for benefits by filing a written review request with the Pension Appeals Committee at the Administrative Office. The deadlines for filing an appeal will vary depending on whether your claim is for a pension benefit or a disability benefit. Each appeal must be delivered to the Administrative Office by First Class Mail or personal delivery.

You have **60 days** following receipt of notification of an adverse determination to file an appeal of a denied claim for pension benefits. You have **180 days** following receipt of notification of an adverse determination to file an appeal of a denied claim for disability pension benefits.

Any request for review received by the Administrative Office after these time frames is untimely and subject to denial on review on that basis alone.

G. Full and Fair Review of Appeals

You will be given the opportunity to submit written comments, documents, records and other information relating to

the claim. The Administrative Office will provide you, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the claim. The review of the claim will take into account all comments, documents, records and other information you submit relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination. The review will be conducted by the Pension Appeals Committee and their decision will be independent of the initial denial. The Pension Appeals Committee will not include the same individual who made the initial decision nor the subordinate of such individual.

The Administrative Office will take steps to ensure and to verify that your benefit claim determinations are made in accordance with governing plan documents and that these plan provisions have been applied consistently with respect to you and other similarly-situated claimants.

In addition, for appeals of denied claims for disability pension benefits, the following additional safeguards apply.

1. The Pension Appeals Committee conducting the review will consult with a health care professional who has appropriate training and expertise with respect to any review involving a medical judgment, and such health care professional will not be an individual who was consulted with respect to the initial determination nor the subordinate of such individual.
2. You may request the identity of the medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a denial of your claim for disability benefits, whether or not their advice was relied upon by the Plan in denying your claim.

H. Determination on Review – Notice

A determination on review is required to be made by the Pension Appeals Committee no later than the date of the meeting of the Pension Appeals Committee that immediately follows receipt of the request for review by the Administrative Office, unless the request for review was filed within 30 days preceding the date of such meeting. In such a case, a benefit determination on review may be made no later than the date of the second meeting following the receipt of the request for review. If special circumstances require a further extension of time for processing, a benefit determination on review shall be rendered not later than the third meeting of the Pension Appeals Committee following the receipt of the request for review. If special circumstances require such an extension, the Administrative Office will notify you in writing of the extension, describing the special circumstances and the date on which the benefit determination on review will be made. If an extension is due to your failure to submit information necessary to decide the claim, the period for making the determination on review will be tolled from the date on which the notification or extension is sent to you until the date on which you respond to the request for additional information. Notice of the benefit determination on review will be given not later than 5 days after such a determination is made.

I. Form of Notice of Determination on Review

The Administrative Office will provide you with written notification of the determination on review. If the determination is adverse, the written notice will set forth:

1. The specific reason(s) for the determination;
2. Reference to the specific plan provision(s) on which the determination is based;
3. A statement that you are entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records and other information related to the claim; and
4. A statement of your right to sue under Section 502(a) of ERISA.

In addition, for disability claims, the following additional information, as necessary:

5. If the determination was based on an internal rule, guideline, protocol or similar criterion, notification that the rule, guideline, protocol or similar criterion was relied upon in making the adverse determination will be provided to you free of charge upon request.

J. Trustee Authority

In carrying out their responsibilities under the Plan, the Trustees have discretionary authority to interpret the terms of the Plan and to interpret any facts relevant to the determination, and to determine eligibility and entitlement to Plan benefits in accordance with the terms of the Plan. Any interpretation or determination made under this discretionary authority will be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.

K. Limitation on When a Lawsuit may be Filed

You may not file a lawsuit to obtain benefits until you have exhausted all of the claim and appeal procedures and a final decision has been made on your appeal, or until the appropriate time frame described above has elapsed without a final decision being rendered on your claim or appeal for benefits.

We encourage you to read this material carefully, so that you will be familiar with your rights under the Plan. You should also keep this announcement with your copy of the summary plan description booklet for future reference. The Trustees may be contacted c/o the Administrative Office.

These procedures are intended to comply with ERISA § 503 and Regulations developed by the United States Department of Labor at 29 CFR § 2560.503-1 effective for benefit claims filed with the Fund on and after January 1, 2002. To the extent these procedures are not consistent with these sections of ERISA or the Regulations, these procedures will be superseded by the appropriate provisions of ERISA or the Regulations issued thereunder.