

Summary Plan Description

Union Plus Cardholder Assistance Program of the AFL-CIO Mutual Benefit Plan

1) The Union Plus Cardholder Assistance Program ("Program") is one of a number of benefit programs offered through the AFL-CIO Mutual Benefit Plan ("Mutual Benefit Plan," or "Plan"). The following information constitutes the Summary Plan Description for the Plan, as required by the Employee Retirement Income Security Act of 1974 ("ERISA").

2) **Eligibility and Benefits** - If you are eligible for the Program, you are a participant in the Plan. To be eligible for the Program you must be a member in good standing of a Union that participates in the Union Plus Cardholder Program, and be a Union Plus Credit Cardholder in good standing, and you must have had your Union Plus Credit Card for at least one year. You must complete an application for benefits. Information about applying for benefits is available at UnionPlus.org.

You are eligible for a **Disability Grant** if you demonstrate that you or the joint-owner or authorized user of the credit card account has been unemployed for at least 90 days within the past 6 months due to an illness or disability and you have, within the 6 months prior to your application, lost 25% or more of your monthly income for a minimum of 90 days. If you are eligible, the Fund will pay \$250 towards your outstanding card balance and will pay a \$1,000 grant to you for household income losses up to \$2,000 or 50% of income losses greater than \$2,000 (rounded to the nearest \$100), with a maximum \$2,000 benefit. You can only receive one Disability Grant during your lifetime. If you have multiple credit card accounts, the Disability Grant will only apply to one of the accounts, to be selected by you.

You are eligible for a **Job Loss Grant** if you demonstrate that you or the joint owner or authorized user of the credit card account has been unemployed due to an involuntary job loss and lost 25% or more of your monthly income for a minimum of 90 days within the previous six months. If you are eligible, the Fund will pay \$250 towards your outstanding card balance. You can only receive one Job Loss Grant during your lifetime. If you have multiple credit card accounts, the Job Loss Grant will only apply to one of the accounts, to be selected by you.

You are eligible for a **Hospital Grant** of \$1,000 if you complete the required application and demonstrate that you or a member of your household had unreimbursed hospital expenses (related to an event resulting in hospitalization that occurred within the 12 months prior to your application) and the expenses equal 10% or more of your annual income. You are not eligible to receive more than one Hospital Grant during your lifetime. You are not eligible for a Hospital Grant if you have already received a Hospital Grant under another Program offered by the Plan.

3) **Plan Sponsor** - The Plan is maintained by the American Federation of Labor and Congress of Industrial Organizations ("AFL-CIO"), located at 815 16th Street NW, Washington, DC 20006.

4) **Identification Number** - The AFL-CIO has been assigned EIN 530228172 by the IRS. The Plan Number is 501.

5) **Type of Plan** - The Plan is an employee welfare benefit plan. At present, the Plan provides cardholder assistance benefits, insurance assistance benefits, and mortgage assistance benefits and administers life insurance, accidental death and dismemberment insurance, and other supplemental health insurance provided through insurance companies.

6) **Plan Administrator** - The Trustees of the Fund serve as the administrator of the Plan. The Trustees have delegated certain administrative responsibilities to Union Privilege ("UP"). If you would like to contact the Board of Trustees or UP regarding the Plan, please write to UP at 1125 15th Street NW, Suite #300, Washington, DC 20005, 202-293-5330.

7) **Service of Process** - The person designated as agent for service of legal process is UP at 1125 15th Street NW, Suite #300, Washington, DC 20005. Service of legal process may also be made upon a plan trustee or the Board of Trustees.

8) **Trustees** - The Plan is administered by the Board of Trustees of the Fund. The individual Trustees on the Board of Trustees are: Mr. Morton Bahr, Mr. Greg Hamblet, Mr. Donald Wharton, and Mr. Paul Whitehead. Mr. Whitehead's business address is: 1303 Outer Drive, State College, PA 16803. The composition of the Board of Trustees may change from time to time, and all correspondence to the Trustees should be directed care of UP at the address listed in paragraph 6.

9) **Termination of Coverage & Loss of Eligibility** - The AFL-CIO may terminate or amend or change the eligibility rules for the Plan or the Program at any time in its discretion. The Trustees may establish whatever rules are necessary for the administration of the Program, and have the right to discontinue benefits under the Program at their discretion. Failure to provide complete and accurate information on any application may result in a loss of eligibility.

10) **Contributions** - All money used to fund the Program is received from HSBC Card Services, which is the issuer for the Union Plus Credit Card program.

11) **Funding Medium**- Program benefits are provided through assets held in trust by the AFL-CIO Mutual Benefit Fund.

12) **Plan Year** - The Plan's fiscal year ends on December 31.

13) **Submitting a Claim** - You can apply for Program benefits electronically at UnionPlus.org/UnionSAFE. Documentation to demonstrate eligibility should be mailed separately to UP at 1125 15th Street NW, Suite #300, Washington, DC 20005. Documentation must include a Union Verification Form that you can print from the above website.

14) **Claim Determinations**- The Fund will send you a notice of its determination regarding your application for benefits within 90 days after the date all the materials necessary to process the claim are received. If circumstances require an extension of time, the Fund will provide you a notice explaining why an extension of time is needed and the expected decision date. In no event will the extension exceed a period of 90 days. If the Fund denies your claim, you will be sent a written notice explaining why. You have the right to appeal a denial of your claim with the Fund's Board of Trustees within 60 days from receipt of the denial notice. Your appeal must be in writing and must be sent to the Trustees care of the address in Paragraph 6. On appeal, you will have the right (a) to submit information relating to your claim for benefits; and (b) upon request, to have reasonable access to, and free copies of, all information relevant to your claim for benefits. In making a decision on review, the Trustees will review and consider all information submitted without regard to whether such information was submitted or considered in the initial claim determination.

The Trustees will normally make a decision within 60 days following receipt of an appeal, but if special circumstances exist, the Trustees may require an extension of time of up to 60 days. If an extension is needed, you will be notified of the special circumstances that require an extension and the expected decision date. If the extension is due to your failure to provide information necessary to decide the appeal, the period of time shall be tolled until you provide the additional information. The Board of Trustees will send you a notice of the decision on your appeal (whether approved or denied). If the Board of Trustees denies your appeal, the notice will provide (a) the specific reasons for the denial; (b) references to the Plan provisions on which the denial is based; (c) a statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all information relevant to your claim for benefits; and (d) a statement of your right to bring an action under Section 502(a) of ERISA.

The Board of Trustees has the power and sole discretion to interpret, apply, and construe the provisions of the Plan and make all factual determinations regarding the construction, interpretation and application of the Plan. The decision of the Board of Trustees is final and binding.

If your claim is denied or ignored, in whole or in part, you are not required to appeal the decision. However, you must exhaust your administrative remedies by appealing the denial before you have a right to bring an action in federal or state court. Failure to exhaust these administrative remedies will result in the loss of your right to file suit, as described in Paragraph 15.

15) Statement of ERISA Rights - As a participant in the Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all plan participants shall be entitled to:

- Examine, without charge, at the Plan Administrator's office, all documents governing the plan and a copy of the latest annual report (Form 5500 series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan and copies of the latest annual report (Form 5500 series) and updated summary plan description. A reasonable charge may be made for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you, or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

If your claim for a welfare benefit is denied in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits, which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who will pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds that your claim is frivolous.

If you have any questions about your plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in the Telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Suite N-1513, Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

