

APPRENTICE INITIATION INFORMATION

HAND OUTS: Form 15 Application for Membership, CBA, Intl Constitution, orange sticker, Appr Init Booklet

1. STANDARDS OF EXCELLENCE

- a. read it
- b. memorize it
- c. live by it

2. APPLICATION – highlighted example

- a. LEGIBLY FILL OUT name, address, social security number, email, cell #
- b. answer yes/no question
- c. read the section on the center of application
- d. initial between parenthesis if agree to Standards of Excellence
- e. sign application

3. DUES RECEIPT

- a. member number (ie book number) upper left corner, MEMORIZE it
- b. box will always contain paid thru date
- c. dues are due on the first of each month, delinquent at end of month
- d. Apprentice dues rate is \$36 per month
- e. can pay for multiple months
- f. check, money order, card – NO cash
- g. card payment in person or over the phone
- h. Bill Pay thru bank, member number is account number

4. HEALTH CARE

- a. initial eligibility – 345 hours of contributions received, see below

January work hours	April coverage
February work hours	May coverage
March work hours	June coverage
April work hours	July coverage
May work hours	August coverage
June work hours	September coverage
July work hours	October coverage
August work hours	November coverage
September work hours	December coverage
October work hours	January coverage
November work hours	February coverage
December work hours	March coverage
- b. automatically enrolled in Plan B
- c. look for large envelope from BENESYS, will be sent when eligible

5. PENSION and SMA

- a. 2 different RETIREMENT plans – defined benefit vs. defined contribution
- b. MID AMERICA PENSION /SMA administrator of fund – look for mailings
- c. John Hancock – record keeper of SMA fund

6. UNION PUBLICATIONS – READ THEM!!

- a. www.iron383.com
- b. IW383 newsletter
- c. International IRONWORKER Magazine – monthly; December is Directory issue
- d. health care Benefit Bulletin
- e. Union Labor News – monthly union newspaper
- f. quarterly statements from BENESYS and MAP – reconcile with log book

7. MEMBERSHIP MEETING – first Thursday of each month

- a. stand outside hall doors until called by Sgt at Arms
- b. keep dues receipt handy
- c. be prepared for Oath of Membership
- d. introduce yourself to membership: name, who you are working for and where
- e. sit and enjoy the meeting
- f. refreshments afterwards in the training center until 8 pm

APPLICATION FOR MEMBERSHIP
In the INTERNATIONAL ASSOCIATION OF BRIDGE,
STRUCTURAL, ORNAMENTAL AND REINFORCING IRON WORKERS, Affiliated with A.F.L.-C.I.O.

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Initiation | <input type="checkbox"/> Apprentice | <input type="checkbox"/> Organized |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Journeyman | <input type="checkbox"/> Helmets To Hardhats |

Date _____ 20_____ Local Union No. _____ City _____ State/Province _____

Desiring to become a member of the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, I hereby make application with accompanying fee, and in consideration of my becoming a member, I willingly accept all provisions of the Constitution, including such amendments as may be hereafter adopted, and the By-Laws of the Local Unions, District Councils and other subordinate bodies of which I may be at any time a member.

Print Name of Applicant _____
FIRST MIDDLE LAST

Permanent Address Street _____
 City _____ State/Province _____ Zip/Postal Code _____

PRINT LEGIBLY

Date of Birth _____ Social Security/Social Insurance # _____

Are you willing to take an obligation that will not conflict with your religious belief or your duty as a citizen? _____

I, the undersigned, agree that, should it hereafter be discovered that I have made any misstatements as to my qualifications for membership in the Association, or that I obtained membership through fraud, false statements or otherwise, I will be debarred from all rights and benefits provided by this Association.

I hereby designate the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers to act (through a Local Union or otherwise) as my sole agent and representative in all collective bargaining and other negotiations affecting me or other members of the above-named Union, whether under the operation of the National Labor Relations Act or otherwise; or in the Dominion of Canada the applicable Federal or Provincial Laws.

I hereby solemnly and sincerely pledge my honor that I will, without equivocation or evasion, and to the best of my ability, abide by the Constitution and By-Laws, and the particular scale of wages adopted by it; that I will abide by the will of the majority; that I will at all times, by all honorable means within my power, procure employment for members of this Union; and that I will at all times be respectful in word and action to every person, and be considerate of widows, widowers, orphans, and the weak and defenseless; and that I will not knowingly wrong a member of this Union or see one wronged if it is in my power to prevent the same.

I hereby agree that if I fail to pay dues and/or assessments and/or fines within six (6) months of the date when same are due and payable, my membership in this Association shall automatically be forfeited.

I have read and agree to abide by the terms and conditions as contained in the Standards of Excellence, which is a part of the International Constitution as Appendix C. Initial here (_____)

This application must be completely filled out. Failure to do so or any falsification of information will void the application or in the event membership is granted will be cause for cancellation thereof.

Date _____ Applicant's Signature _____
Applicant must sign here.

Place X in space opposite classification under which applicant was examined and accepted.

- Journeyman Ironworker
- Journeyman Structural Ironworker
- Journeyman Rodman
- Journeyman Finisher
- Journeyman Rigger, Machinery Mover, Erector
- Sheeter Welder
- Navy Yard Rigger Ship Yard Rigger
- Other (Specify) _____

Signature of Business Manager, Examining Committee or International Rep.

EFFECTIVE DATE OF MEMBERSHIP WILL CORRESPOND WITH THE FIRST DUES PAYMENT. THE FIRST MONTH'S DUES MUST CORRESPOND WITH THE DATE OF THE FEE PAYMENT. FINANCIAL SECRETARY-TREASURER MUST RECORD PAYMENT OF FEES AND THE FIRST MONTH'S DUES BELOW:

EFFECTIVE DATE OF MEMBERSHIP _____

DATE FEE PAID _____ AMT. _____ DATE DUES PAID _____ AMT. _____

ONE (1) COPY TO INTERNATIONAL HEADQUARTERS ONE (1) COPY TO LOCAL UNION ONE (1) COPY TO MEMBER

EMAIL:

CELL #:

IRONWORKERS'

Standards of Excellence



The purpose of the Ironworkers' Standards of Excellence is to reinforce the pride of every Ironworker and our commitment to be the most skilled, most productive and safest craft in the Building Trades.

As Union Ironworkers, we pledge ourselves to uphold our word, as given through our Collective Bargaining Agreement, and display the professionalism expected of our trade and Union in all aspects of our employment as exemplified by the values ingrained in our Standards of Excellence.

It is our commitment to use our training and skills, each and every day, to produce the highest quality work worthy of our name and consistent with the Collective Bargaining Agreement.

As an Ironworker member, I agree to:

1. Adhere to my responsibilities under the Collective Bargaining Agreement for start and quit times, as well as lunch and break times.
2. Allow my Representative to handle any disagreements or breaches by refusing to engage in unlawful job disruptions, slowdowns or any activities that affect our good name.
3. Respect the Customer's and Employer's rights, property and tools as I do my own.
4. Meet my responsibility to show up every day; outfitted for work and fit for duty without engaging in substance abuse.
5. Cooperate with the Customer and Employer to meet their statutory, regulatory and contractual responsibilities to maintain a safe, healthy and sanitary workplace.
6. Do my best to work in a manner consistent with the quality, productivity and safety of every task that I am assigned.
7. Do my best to help every co-worker return home safe at the conclusion of every shift.
8. Do my best to treat all co-workers with respect and commit to upholding the innate dignity and value of ironworkers of every age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression.

The Ironworkers' Standards of Excellence will increase the pride, the productivity and the craftsmanship of every Ironworker throughout North America. This commitment will improve work place conditions, increase work opportunities, and help maintain our wages, benefits and standard of living. In addition, the Standards of Excellence will help our signatory employers complete their projects on time, on budget with no injuries or accidents.

In accordance with Article XXVI, Section 15 of the International Constitution, charges may be preferred against any member for violations of the Ironworkers' Standards of Excellence, including, but not limited to the following reasons:

- Taking a job referral and not reporting to work,
- Failing pre-employment qualifications,
- and/or Discharged for excessive absenteeism.

Fines for the first offense shall be no less than One Hundred Dollars (\$100.00) or no more than one (1) day's pay including fringe benefits and working assessments of eight (8) hours.

Members having been found guilty of a second offense, fines shall be no less than Five Hundred Dollars (\$500.00) or no more than one (1) week's pay including fringe benefits and working assessments of forty (40) hours.

Members having been found guilty of a third offense, fines shall be no less than One Thousand Dollars (\$1,000.00) and no more than two (2) week's pay including fringe benefits and working

Any member found guilty of the aforementioned violations three (3) times within a three (3) year period may also be expelled from the Local Union subject to the approval of the General Executive Board.

I acknowledge this responsibility and pledge my word to do the same.

Signature

Date

09/06/2022

OBLIGATION OF MEMBERS

I (give name) hereby solemnly and sincerely pledge my honor that I will, without equivocation or evasion, and to the best of my ability, abide by the Constitution and By-Laws, and the particular scale of wages adopted by it; that I will abide by the will of the majority; that I will at all times, by all honorable means within my power, procure employment for members of this Union; and that I will at all times be respectful in word and action to every person, and be considerate of widows, widowers, orphans and the weak and defenseless; and that I will not knowingly wrong a member of this Union or see one wronged if it is in my power to prevent the same.

PAID THRU

BOOK #

IRON WORKERS LOCAL UNION 383

Member No: 1234567 09/21 R

JOHN J DOE

Class: Apprentice

Skill:

1 MEMBERSHIP DUES

Reinstatement

Local No: 383
Empl No:

DUES PAID THRU
SEP 2021

Receipt No: 70491

Receipt Date: 9/2/2021

Dues Rate: 36.00

9/1/2021 36.00

09/01/2021 100.00

DATE PAID

DATE PAID

RATE/MO

Total Amount Owed 136.00

Amount Collected 136.00 By Check

TIM DEMINTER, FS-T, BM

LUL01011



**ANY CHANGES IN BENEFICIARY
AND/OR DEPENDENTS**

FILL OUT NEW CARDS !!

**IRON WORKERS LOCAL 383 HEALTH CARE PLAN
PARTICIPANT DATA CARD**

(Please Print)

Check one New Participant
 Change in Information (example, address, beneficiary, etc.)

Last Name		First Name in Full		Middle Name in Full	
Home Address			City	State	Zip
Social Security No.	Telephone No.	Birthdate		<input type="checkbox"/> Married <input type="checkbox"/> Divorced	
	()	Mo.	Day	Year	<input type="checkbox"/> Single <input type="checkbox"/> Separated
Death Benefits to be paid to: (Beneficiary)					
Full Name of Beneficiary			Relationship to Participant (example, spouse)		
Home Address of Beneficiary		City	State	Zip	
Signature of Participant (Use Full Name)					

List Dependents on the Reverse Side of this Card
When Card is complete, detach from booklet, fold along dotted line so address shows on outside, staple.

**IRON WORKERS MID-AMERICA PENSION FUND
BENEFICIARY DESIGNATION FORM**



I. INFORMATION ABOUT YOU:

Name		Social Security Number	
Address		Date of Birth	
City	State	Zip Code	

II. PRE-RETIREMENT PENSION BENEFIT

(Applies to Participants of Locals 1, 63, 111, 112, 136, 383, 393, 395, 444, 444SZ (formerly 465), 444WZ (formerly 386) or 498)

**IRON WORKERS MID-AMERICA SUPPLEMENTAL MONTHLY ANNUITY (SMA)
BENEFICIARY DESIGNATION FORM**



I. INFORMATION ABOUT YOU:

Name		Social Security Number	
Address		Date of Birth	
City	State	Zip Code	

II. SUPPLEMENTAL MONTHLY ANNUITY (SMA)

(Applies to Participants of Locals 1, 63, 111, 112, 136, 383, 393, 395, 444, 444SZ (formerly 465), 444WZ (formerly 386) or 498)

Your Spouse will receive your SMA Account Balance if you die prior to retirement. If you are not survived by an eligible spouse, or if you have never married, your SMA Account Balance will be payable to your designated beneficiary(ies).

Please indicate below your marital status and the requested information about your spouse (if married) and your Designated Beneficiary(ies). If your marital status changes, (e.g. divorce or death of spouse), you should contact the Fund Office and sign a new form as soon as possible.

Please initial either A. or B. on other side, whichever applies.

HEALTH CARE ELIGIBILITY RULES

The following rules set forth the terms and conditions which govern how you as an employee and your dependents become and remain eligible for most benefits. Participants may include:

- (a) employees working for a contributing employer under a collective bargaining agreement requiring contributions to this Fund; or
- (b) non-bargaining unit employees and alumni who are part of a classification specified in a Trustee-approved participation agreement.

ELIGIBILITY FOR BENEFITS

Eligibility for benefits from this Plan is determined monthly, as follows:

Work Month	Eligibility Month
For work performed during...	You are eligible for benefits during...
October	January
November	February
December	March
January	April
February	May
March	June
April	July
May	August
June	September
July	October
August	November
September	December

Eligibility months follow work months with a two-month lag period. If insufficient Employer contributions are received for a Work Month for you because you are not fully employed or you are injured or sick and unable to work, the lag months give the Trustees of the Plan time to notify you that a self-payment must be made to continue eligibility for the following Eligibility Month.

INITIAL ELIGIBILITY

345 HOURS

You and your dependents become initially eligible for Plan B benefits on the first day of the third month following completion of 345 work hours. If your employer fails to make contributions on your behalf, you also become eligible for benefits on the first day of the third month following 345 work hours, provided written documentation is received by the Fund Office. You will be eligible for one month of coverage and contributions in excess of the 115 hours needed for Plan B coverage will be credited to your Member Dollar Bank.

For example, if you work 150 hours in October, November, and December 2020, you will become eligible for Plan B benefits on March 1, 2021.

Special Enrollment Events: There is a Dependent special enrollment period. When you acquire a new Dependent through marriage, birth, or adoption, you may request a special enrollment period. Upon such a request, the Fund Office will mail an enrollment card to you which must be completed with information pertaining to the newly acquired Dependent. If the special enrollment period is requested



IRON WORKERS LOCAL 383 HEALTH CARE PLAN

*Once initial eligibility is met, Apprentices are automatically enrolled in PLAN B and must remain there for one month. You may reduce your Plan to C at that time, but may only increase your Plan back to B or up to A during the open enrollment period at the end of each calendar year.

*Hours over and above the monthly requirement (ie 115 = Plan B) gets multiplied by \$5.00 and that amount is what funds your HRA. This dollar amount is added to your HRA debit card. If you work less than the required monthly hours, the negative hours x the contribution rate will be deducted from your HRA account to continue another month of insurance.



PLAN BENEFIT INFORMATION

	Plan A	Plan B	Plan C
Monthly Work Hours Requirement	140	115	90
Plan Deductibles			
<i>Medical</i>			
In-network			
Individual	\$ 500	\$ 3,000	\$ 5,600
Family	\$ 1,500	\$ 9,000	\$11,200
Out-of-network			
Individual	\$ 1,000	\$ 3,300	\$ 7,000
Family	\$ 3,000	\$ 9,900	\$21,000
<i>Pharmacy</i>			
In-network prescription drug deductible	\$ 150	\$ 150	\$ 150
Out-of-Pocket Maximums			
<i>Medical</i>			
In-network			
Individual	\$ 2,300	\$ 5,600	\$ 5,600
Family	\$ 6,900	\$11,200	\$11,200
Out-of-network			
Individual	\$ 3,500	\$ 7,000	\$ 9,000
Family	\$10,500	\$14,000	\$18,000
<i>Pharmacy</i>			
In- and out-of-network			
Individual	\$ 1,000	\$ 1,000	\$ 1,000
Family	\$ 2,000	\$ 2,000	\$ 2,000

IMPORTANT PHONE NUMBERS AND WEBSITES

Fund Office

(608) 278-9500
1-800-497-4766, toll-free

Fund's Website

Information readily available to you online includes forms (such as enrollment, beneficiary and dollar bank reimbursement); SPD; and Benefit Bulletins. Go to: www.iron383benefits.com.

HealthLink Precertification

1-877-284-0100

Preferred Provider Network

It is recommended that you call the provider locator number: 1-800-810-2583 or check the Anthem website prior to incurring covered expenses to make sure the hospital, physician, or other healthcare provider you choose is a preferred provider.

Access the Anthem PPO network information at <https://www.anthem.com/find-doctor/> to verify providers. If you are having difficulty or do not have access to a computer please contact Benefit Plan Administration of Wisconsin (BPA) at: (608) 278-9500 or toll-free at: 1-800-497-4766.

Preferred Provider Pharmacy

Express Scripts
1-800-818-0093
www.express-scripts.com

Advocate Aurora EAP

1-800-236-3231
www.aah.org/eap

THIS BENEFIT BULLETIN CONTAINS IMPORTANT INFORMATION ABOUT YOUR PLAN. KEEP IT WITH YOUR SUMMARY PLAN DESCRIPTION (SPD) FOR FUTURE REFERENCE.

PLEASE NOTE: OUR GOAL IS TO PROVIDE YOU WITH GENERAL HEALTH INFORMATION, NOT MEDICAL GUIDANCE. YOU SHOULD CONTACT YOUR PHYSICIAN IF YOU HAVE SPECIFIC MEDICAL QUESTIONS OR CONCERNS.

HEALTH CARE SCHEDULE OF BENEFITS

COMPREHENSIVE MAJOR MEDICAL BENEFITS			
For Classes 1, 2, and 3 Employees and Dependents			
Comprehensive Major Medical Benefits cover expenses related to hospital services, physicians' services, x-ray and laboratory services, prescription drugs and medicines, and other covered items and services when medically necessary or medically appropriate (the terms will be used interchangeably).			
	Plan A	Plan B	Plan C
Deductible amount ^{1,2,3}	140 HRS	115 HRS	90 HRS
In-network			
Per eligible person per calendar year	\$ 500	\$3,000	\$ 5,600
Per family per calendar year	\$1,500	\$9,000	\$11,200
Out-of-network			
Per eligible person per calendar year	\$1,000	\$3,300	\$ 7,000
Per family per calendar year	\$3,000	\$9,900	\$21,000
Plan's coinsurance of covered expenses ^{2,3}			
Inpatient and outpatient			
In-network	80%	80%	80%
Out-of-network	60%	60%	60%

¹ Non-emergency hospital admissions and in- and outpatient surgical procedures for which you have not given prior notification to the utilization review manager will be subject to an additional \$100 deductible.

² All emergency services will be payable at the in-network level of benefits even if services are obtained at an out-of-network provider. See page 27.

³ All PEAR (for Pathologists, Emergency room physicians, Anesthesiologists, and Radiologists) group and hospitalist charges incurred while hospitalized or receiving outpatient treatment in a network hospital will be payable at the in-network level of benefits. Ambulance charges also will be payable at 80%. Out-of-network lab charges and x-ray readings will be payable at the in-network level if you went to an in-network physician and facility.

COMPREHENSIVE MAJOR MEDICAL BENEFITS (continued)			
	Plan A	Plan B	Plan C
Out-of-pocket maximum for covered expenses per calendar year, which includes deductible and specific dollar amount copayments for physicians' office visits (including outpatient physician visits at a hospital and home visits by a physician) ^{1,2}			
In-network			
Per eligible person	\$ 2,300	\$ 5,600	\$ 5,600
Per family	\$ 6,900	\$11,200	\$11,200
Out-of-network			
Per eligible person	\$ 3,500	\$ 7,000	\$ 9,000
Per family <i>The Plan pays 100% of covered expenses in excess of such maximum for remainder of that calendar year.</i>	\$10,500	\$14,000	\$18,000

The deductible and coinsurance amounts are waived for covered expenses related to the following services. The Plan will pay 100% of the reasonable expenses incurred for such services.

- (a) Second surgical opinions.
- (b) Pre-admission testing.
- (c) Routine care for eligible employee, dependent spouse, and dependent children, birth through age 26:
 In-network services: 100% of reasonable expenses, no deductible, no calendar year maximum.
 Out-of-network services: No coverage, except 100% for prenatal care.
 However, if the Plan does not have an in-network provider who can provide a particular covered preventive service, then it will cover the item or service without cost-sharing when performed by an out-of-network provider acting within the scope of his license or certification.
 OR, for eligible employee and dependent spouse, routine exams performed through Health Dynamics are covered to the maximum amount approved by the Trustees for such preferred provider.
- (d) Hospice care.

The deductible only will be waived for hearing aids (Class 1 only, see also page 29).

¹ All emergency services will be payable at the in-network level of benefits even if services are obtained at an out-of-network provider.

² All PEAR (for Pathologists, Emergency room physicians, Anesthesiologists, and Radiologists) group and hospitalist charges incurred while hospitalized or receiving outpatient treatment in a network hospital will be payable at the in-network level of benefits. Ambulance charges also will be payable at 80%. Out-of-network lab charges and x-ray readings will be payable at the in-network level if you went to an in-network physician and facility.

COMPREHENSIVE MAJOR MEDICAL BENEFITS (continued)

The following are specific maximum amounts which the Plan pays for certain services and supplies covered under Comprehensive Major Medical Benefits provisions:

(a) Hospital room and board expense	Up to average semi-private room rate
(b) Physician's office visit Copayment per visit for services received in a physician's office, hospital outpatient department, or home visit after which benefits are payable at 100% of reasonable expenses.....	\$25
(c) Chiropractic care (including acupuncture) Maximum per eligible person per calendar year.....	15 visits ¹
(d) Hearing aid examinations and hearing aids (Class 1 only) Maximum per eligible person each three calendar years (deductible waived).....	\$600
(e) Wigs, when hair loss is disease-related Lifetime maximum per eligible person	\$300
(f) Non-surgical treatment for temporomandibular joint disorder (TMJ) Maximum per eligible person per calendar year.....	\$1,000
(g) Organ transplant benefits Maximum donor benefits for all donors each period of hospitalization in connection with transplant surgery	\$5,000
(h) Artificial life support maximum	\$5,000
(i) Skilled nursing home care Maximum number of days of confinement each 12 consecutive months, or longer based upon recommendation and ongoing substantiation of medical appropriateness by the utilization review manager	30 days

¹ Maximum may be extended up to 10 additional visits on a case-by-case basis, provided the utilization review firm manages the ongoing care and determines it is medically appropriate.

PREFERRED PROVIDER PHARMACY BENEFITS¹
For Classes 1, 2, and 3 Employees and Dependents

Eligible person's deductible per calendar year \$150

Eligible person's copayment per prescription:

ELIGIBLE PERSON MUST PAY THE GREATER OF THE DOLLAR AMOUNT COPAYMENT OR PERCENTAGE OF THE COST OF THE PRESCRIPTION, UP TO A MAXIMUM OF: \$75 FOR A PRESCRIPTION AT A RETAIL NETWORK PHARMACY AND \$150 THROUGH THE MAIL-SERVICE PROGRAM FOR PLANS A AND B; AND \$150 FOR A PRESCRIPTION AT A RETAIL NETWORK PHARMACY AND \$300 THROUGH THE MAIL-SERVICE PROGRAM FOR PLAN C

At a retail network pharmacy, up to a 30-day supply:

	Plan A	Plan B	Plan C
Generic	\$10.00/25%	\$10.00/25%	\$10.00/25%
Brand	\$20.00/25%	\$20.00/25%	\$20.00/25%

Through mail-service PPRx, up to a 90-day supply or 100 units, whichever is greater:

	Plan A	Plan B	Plan C
Generic	\$25.00/25%	\$25.00/25%	\$25.00/50%
Brand name with generic available	\$50.00/25%	\$50.00/25%	\$50.00/50%

Out-of-pocket PPRx maximum:

Per eligible person per calendar year \$1,000

Per family per calendar year \$2,000

Calendar year maximum:

Unlimited, except as otherwise specifically stated

¹ The following are covered at a \$0.00 copayment through both retail and the mail-service PPRx upon a physician's written prescription: generic oral contraceptives; OTC aspirin; smoking cessation products, including OTC nicotine replacement therapy and federal legend drugs; federal legend fluoride; OTC iron supplements; and OTC folic acid; as specified on page 39.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-497-4766 or visit www.iron383benefits.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copay, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/>, call 1-800-318-2596, or contact the Fund Office at 1-800-497-4766 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>In-Network Provider: \$3,000 Individual / \$9,000 Family; Out-of-Network Provider: \$3,300 Individual / \$9,900 Family.</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on this plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. Second surgical opinions, pre-admission testing, hospice care, in-network routine care, women's preventive services, and hearing aids for Class 1 are covered before you meet your deductible.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But a copay or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits.</p>
<p>Are there other deductibles for specific services?</p>	<p>Yes. \$150 for In-Network Provider Pharmacy Prescription Drug Benefits. \$100 for non-emergency hospital admissions and in- and outpatient surgical procedures without prior notification to appropriate utilization review manager. There are no other specific deductibles.</p>	<p>You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>Medical: In-Network Provider: \$5,600 Individual / \$11,200 Family; Out-of-Network Provider: \$7,000 Individual / \$14,000 Family. PPRX: \$1,000 Individual / \$2,000 Family. Certain medical out-of-network claims are treated as medical in-network claims</p>	<p>The out-of-pocket limit ("OOP") is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>

Important Questions	Answers	Why This Matters:
What is not included in the out-of-pocket limit?	Premiums, balance billing charges, and health care this plan does not cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket-limit</u> .
Will you pay less if you use a network provider?	Yes. For a list of <u>network providers</u> , visit: https://www.anthem.com/find-doctor/ or call the Fund Office at 1-800-497-4766. <i>Out-of-network providers may be treated as network providers for cost-sharing purposes for out-of-network emergency services, out-of-network providers at in-network facilities, and out-of-network air ambulance costs for emergencies.</i>	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider in the plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a referral.

⚠ All copay and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need		What You Will Pay		Limitations, Exceptions*, & Other Important Information
	Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 copay/visit	\$25 copay/visit	\$25 copay/visit	No charge for LiveHealthOnline visits.
	Specialist visit	\$25 copay/visit	\$25 copay/visit	\$25 copay/visit	No charge for second surgical opinions. Chiropractor care limited to 15 visits / year (may be extended 10 visits) and includes acupuncture.
	Preventive care/screening/immunization	No charge, including for prenatal care	No charge, including for prenatal care	Not covered (except prenatal care covered at no charge)	Ultrasounds for prenatal care are covered under the imaging benefits provisions. If the Plan does not have an <u>In-Network Provider</u> who can provide a particular covered preventive service, then it will cover the item or service without <u>cost-sharing</u> when performed by an <u>Out-of-Network Provider</u> acting within the scope of his/her license or certification. The Fund follows all 'A' and 'B' recommendations from the USPSTF. See www.uspreventiveservicestaskforce.org .

[*For more information about limitations and exceptions, see the plan or policy document at www.iron363benefits.com.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions*, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u> except no charge for pre-admission testing or prenatal lab tests	40% <u>coinsurance</u> except no charge for pre-admission testing or prenatal lab tests	<u>Out-of-network</u> lab charges and x-ray readings are covered at the <u>in-network</u> level if provided by an <u>in-network</u> physician at an <u>in-network</u> facility.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u> .	40% <u>coinsurance</u>	None
If you need drugs to treat your illness or condition	Generic drugs	\$10 / 25% / prescription (retail); \$25 / 25% / prescription (mail-service)	40% <u>coinsurance</u>	<u>In-network</u> : covers up to a 30-day supply (retail); 90-day supply or 100 units, whichever is greater (mail-service). You must pay the greater of the dollar amount copay or percentage of the cost of the prescription, up to \$75 (retail) and \$150 (mail-service).
	Brand name drugs (with generic available for mail-service)	\$20 / 25% / prescription (retail); \$50 / 25% / prescription (mail-service)	40% <u>coinsurance</u>	^Covered subject to the recommendations provided by the United States Preventive Services Task Force (USPSTF): For more information, visit www.uspreventiveservicestaskforce.org
More information about <u>prescription drug coverage</u> is available at www.express-scripts.com.	Generic oral contraceptives	No charge (retail and mail-service)	40% <u>coinsurance</u>	
If you have outpatient surgery	Upon a physician's written prescription, the following will be covered at a \$0 copayment ^A : OTC aspirin; smoking cessation products, including OTC nicotine replacement therapy and federal legend drugs; federal legend fluoride; and OTC folic acid.	No charge (retail and mail-service)	40% <u>coinsurance</u>	None
	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u> unless otherwise required by No Surprises Act	
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u> unless otherwise required by No Surprises Act	

[*For more information about limitations and exceptions, see the plan or policy document at www.iron383benefits.com.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions*, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	<u>Urgent care</u>	\$25 <u>copay</u> / visit	\$25 <u>copay</u> / visit	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Limited to hospital's average semi-private room rate.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% coinsurance unless otherwise required by No Surprises Act	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 <u>copay/office visit</u> and 20% <u>coinsurance</u> other outpatient services	\$25 <u>copay/visit</u>	None
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u> unless otherwise required by No Surprises Act	None
	Office visits	\$25 <u>copay/visit</u>	\$25 <u>copay/visit</u>	Prenatal care is covered under the preventive care benefits provisions. The Fund follows all 'A' and 'B' recommendations from the USPSTF.
If you are pregnant	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% coinsurance unless otherwise required by No Surprises Act	None
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% coinsurance unless otherwise required by No Surprises Act	

[*For more information about limitations and exceptions, see the plan or policy document at www.iron383benefits.com.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions*, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Habilitation services</u>	Not covered	Not covered	Not covered
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Limited to 30 days confinement each 12 consecutive months.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Hospice services</u>	No charge	No charge	None
	Children's eye exam	Not covered	Not covered	Not covered
If your child needs dental or eye care	Children's glasses	Not covered	Not covered	Not covered
	Children's dental check-up	Not covered	Not covered	Not covered

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
• Bariatric surgery	• Habilitation services
• Cosmetic surgery, except as specifically stated in your Summary Plan Description	• Infertility treatment, except office visits and diagnostic lab and x-rays are covered
• Dental care (Adult)	• Long-term care
	• Private-duty nursing
	• Routine eye care (Adult)
	• Routine foot care
	• Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
• Acupuncture, covered under the chiropractic benefit	• Chiropractic care, up to 15 visits/year
	• Hearing aid examinations and hearing aids (Class 1 only), up to \$600/3 calendar years
	• Non-emergency care when traveling outside the U.S.

[*For more information about limitations and exceptions, see the plan or policy document at www.iron383benefits.com.]

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for the Department of Labor's Employee Benefits Security Administration is 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov, call 1-800-318-2596, or contact the Fund Office at 1-800-497-4766.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Plan Administrator at 1-800-497-4766, or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

[*For more information about limitations and exceptions, see the plan or policy document at www.iron383benefits.com.]

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copays and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(In-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$3,000
- Specialist copay \$25
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
 Specialist office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (ultrasounds and blood work)
 Specialist visit (anesthesia)

Total Example Cost \$12,680

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$3,000
Copays	\$0
Coinsurance	\$1,936
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$4,936

Managing Joe's type 2 Diabetes

(In-network diagnostic treatment of a disease or condition)

- The plan's overall deductible \$3,000
- Specialist copay \$25
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
 Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$3,000
Copays	\$25
Coinsurance	\$515
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$3,540

Mia's Simple Fracture

(Emergency room visit and follow up care)

- The plan's overall deductible \$3,000
- Specialist copay \$0
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
 Emergency room care (including medical supplies)
 Diagnostic test (x-ray)
 Durable medical equipment (crutches)
 Rehabilitation services (physical therapy)

Total Example Cost \$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$2,800
Copays	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

The plan would be responsible for the other costs of these EXAMPLE covered services.



IRON WORKERS LOCAL 383 HEALTH CARE PLAN

ONLINE ACCESS TO YOUR HEALTH CARE BENEFITS

BeneSys WEBSITE

BeneSys for Iron Workers Local 383 Health Care Plan's website is completely designed to be user-friendly and mobile compatible. You access the website by going to www.iron383benefits.com and clicking on the "Client Access" link. The login information will remain as follows:

Username: Iron383

Password: ironworker

This website includes the following information related to the Health Fund:

- Enrollment Forms.
- Dollar Bank Reimbursement Claim Forms.
- Continuing Loss of Time Claim Forms.
- Other Forms.
- Participant Notices.
- Benefit Bulletins.
- Summary Plan Description (SPD).
- Summary of Benefits and Coverage (SBC).

Be sure to take advantage of this helpful information readily available to you online.

MemberXG

MemberXG is the member portal. It is designed to provide member access to benefit information, including the convenience of access from your mobile device.

Navigation and user tools make the site easy for you to use. It also uses the latest in website best security practices so you can use it with confidence that your information is safe.

MemberXG contains the following information. Benefit information follows HIPAA regulations and only will display to the appropriate user. Only the member can see information for dependents under the age of 18.

- ◆ Dashboard – the landing page which contains navigation to other benefit pages.
- ◆ Demographics – displays demographics for a member and/or dependent(s).
- ◆ Eligibility – displays past and present eligibility for multiple benefits.
- ◆ Deductibles – displays the deductible maximums and the amounts applied to them.
- ◆ Health Claims – displays claims submitted to the Plan.
- ◆ Work History – displays a member's work history for the last five years.

Here are the steps to follow to create your MemberXG account:

1. Go to the BPA website at: www.bpalja.com. Click on Client Access. Log in -- Username: Iron383; Password: ironworker.

2. Click to expand the Health Fund; then select: Links.

3. Click on the MemberXG link.

4. On the initial MemberXG screen, click the Create Account box in the upper right corner of the initial MemberXG screen.

5. Enter the following information into the screen:

- User Type - either Member or Dependent
- Email Address
- Confirm Email Address
- First Name
- Last Name
- Last four digits of your Social Security number (SSN)
- Date of Birth (MM/DD/YYYY format)
- Zip Code/Postal Code
- Mobile Phone number (optional)

6. Click Next.

7. Enter a password, confirm the password, answer three Security Questions, and select the Terms of Use and Privacy Policy checkbox.

8. Click Finish. The account is created, and you are returned to the initial MemberXG screen. You also will receive an access code which will be sent to the email address that you entered when you created your MemberXG account.

Note: For security purposes, each time you log in from a new computer/device, you must enter a new access code.

9. From the initial MemberXG screen, enter the email address you used to set up the MemberXG account and the password, and click Login.

10. Enter the access code you received in your email to access the Dashboard screen.

Write down your MemberXG login information to keep for future access to this site

MEMBER DOLLAR BANK aka HEALTH REIMBURSEMENT ACCOUNT (HRA)

See page titled "How To Access Your HRA Benefit Information Through WEX"

ANTHEM PROVIDER SEARCH

See page titled "Change to ANTHEM NETWORK"

YOUR RETIREMENT BENEFITS

Ironworkers Mid America Pension Plan and Supplemental Monthly Annuity SMA Fund

You now have two (2) separate **Retirement** Accounts. These are not savings accounts but are meant to be there for you after your ironworking career has ended.

In summary....

PENSION <> This is a Defined Benefit Pension where everyone's contributions are in one big pile earning interest. The basic rules are that you have to have five years of at least 1000 hours each year to be vested in this pension. Five years of at least 1000 hours every year make you eligible for a pension at 65 years of age. Ten years of at least 1000 hours every year make you eligible for a pension at 62 years of age. And, fifteen years of at least 1000 hours every year make you eligible for a pension at age 55 – with early retirement deductions. Once you start collecting this pension, you will receive a monthly pension payment for the rest of your life, based on the contributions made during your entire career.

SMA – Supplemental Monthly Annuity <> This is a Defined Contribution Retirement Annuity where each member's contributions are in an individual account in your name. You are vested in this retirement after one hour of contribution. Your account balance will change with every month's worth of contributions. Once you retire and have reached the age of 59 ½ (a government rule), you have multiple options for withdrawing from your account. Once the account reaches zero, your SMA is gone.

*****You can direct the investments within your own account** throughout your entire career. John Hancock Retirement Services is the service provider and record keeper of your SMA. They provide you with several investing options so that you can personalize the way your SMA dollars are invested. Not interested in directing your investments on your own? John Hancock will do it for you. They will use your age and invest conservatively. Account login instructions are provided on the following pages.

It goes without saying that both of your retirement accounts growth is dependent on hours worked. Missing even one hour of work today will make a difference in your future finances.

QUESTIONS? CONTACT IRON WORKERS MID-AMERICA PENSION/SMA AT (800)232-8029

IRON WORKERS LOCAL 383 PENSION & SMA RETIREMENT BENEFITS



IRON WORKERS

Mid-America Pension Plan - Mid-America Supplemental Monthly Annuity (SMA) Fund

2350 E. 170th Street
P.O. Box 708
Lansing, Illinois 60438
Phone: 708-474-9902
Toll Free: 1-800-232-8029
Fax: 708-474-9982
www.iwmidamerica.com

ONLINE ACCESS TO YOUR RETIREMENT BENEFITS

ADMINISTRATOR

Iron Workers Mid America is the administrator of your pension and annuity plans. Their website is www.iwmidamerica.com. Information provided here includes:

- Links to useful websites
- Pension Announcements
- Pension Forms
- Pension Summary Plan Description
- Pension Board of Trustees
- SMA Announcements
- SMA Forms
- SMA Summary Plan Description
- SMA Board of Trustees
and

MEMBER LOGIN




First time users must call Mid America at (708)474-9902 to obtain a username and password. Here you may check your hours and contractor contributions.

Your monthly Pension Payment is based on hours worked, credits earned, age of retirement and many other factors. 1000 hours worked in one year equate to one credit and it takes five credits to be vested. All members receive statements from Mid America that show us in detail our Base Pension/Hours/Credits, Earned When Paid, and Percent of Contribution.

SUPPLEMENTAL MONTHLY ANNUITY (SMA)


John Hancock Retirement Services is the service provider and record keeper of your SMA. They provide you several investing options so that you can personalize the way your SMA money is invested.

To view the different investment fund options and information:
www.mylife.jhrps.com/investment_info
 Plan Code: LO8803



View Plan Investment Information

Through this site, you can access information about your plan's investment options. If you're already a participant in the plan, please click the "Sign In Now" link below. If not enrolled (or are newly enrolled), please enter your plan's six-character plan code.



Plan Code:

[Submit](#)

You will find the plan code listed in the Investment Disclosure Document.

If you have an account, please sign in.

Once logged in, proceed to "My Investments" page and click "View/Change My Investments".

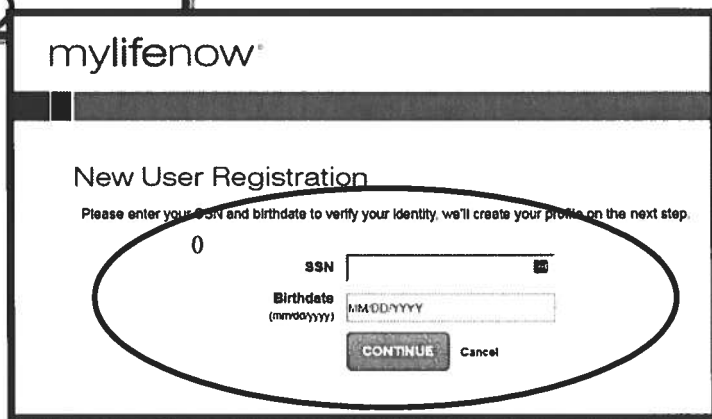
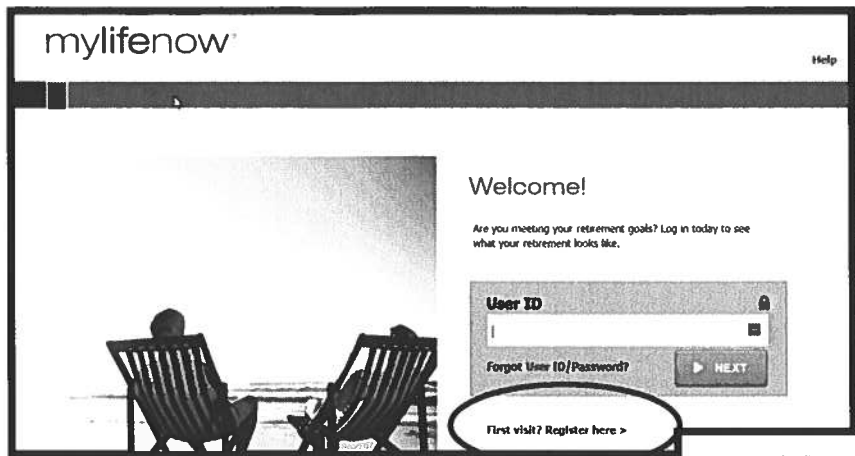
[Sign In Now](#)

All the Funds in My Plan See Trading Restrictions | Cash | Bonds | International Asset Allocation | Stocks

Available Funds	Prospectus View / Order
<input type="checkbox"/> 2020 Retirement Fund [2] <small>JPMCB SmartRetirement Passive Blend 2020 Fund (CF Class)</small>	View Online
<input type="checkbox"/> 2025 Retirement Fund [2] <small>JPMCB SmartRetirement Passive Blend 2025 Fund (CF Class)</small>	View Online
<input type="checkbox"/> 2030 Retirement Fund [2] <small>JPMCB SmartRetirement Passive Blend 2030 Fund (CF Class)</small>	View Online
<input type="checkbox"/> 2035 Retirement Fund [2] <small>JPMCB SmartRetirement Passive Blend 2035 Fund (CF Class)</small>	View Online
<input type="checkbox"/> 2040 Retirement Fund [2] <small>JPMCB SmartRetirement Passive Blend 2040 Fund (CF Class)</small>	View Online
<input type="checkbox"/> 2045 Retirement Fund [2] <small>JPMCB SmartRetirement Passive Blend 2045 Fund (CF Class)</small>	View Online
<input type="checkbox"/> 2050 Retirement Fund [2] <small>JPMCB SmartRetirement Passive Blend 2050 Fund (CF Class)</small>	View Online
<input type="checkbox"/> 2055 Retirement Fund [2] <small>JPMCB SmartRetirement Passive Blend 2055 Fund (CF Class)</small>	View Online
<input type="checkbox"/> Income Retirement Fund [2] <small>JPMCB SmartRetirement Passive Blend Income Fund (CF Class)</small>	View Online
<input type="checkbox"/> Core Plus Bond Fund (BCOIX) <small>Black Core Plus Bond Fund (Institutional Class)</small>	View Online
<input type="checkbox"/> Global Fixed Income Fund (DSOVR) <small>Dreyfus Global Fixed Income Fund (Class Y)</small>	View Online
<input type="checkbox"/> Stable Value Fund <small>Putnam Stable Value Fund</small>	View Online
<input type="checkbox"/> Diversified Value Fund (DVPVFX) <small>State Street Diversified Value Fund (Class AS)</small>	View Online
<input type="checkbox"/> Institutional Interest Fund (VINIX) <small>Vanguard Institutional Index Fund (Institutional Shares)</small>	View Online
<input type="checkbox"/> Small Cap Portfolio Fund (D4SFX) <small>DFA US Small Cap Portfolio (Institutional Class)</small>	View Online
<input type="checkbox"/> Mid Cap 400 Index Fund (MSP400) <small>Vanguard SP Mid-Cap 400 Index Fund (Institutional Shares)</small>	View Online
<input type="checkbox"/> Blue Chip Growth Fund (BCGX) <small>T. Rowe Price Blue Chip Growth Fund (Class I)</small>	View Online
<input type="checkbox"/> International Leaders Fund (FGLDX) <small>Fidelity International Leaders Fund (Class IN)</small>	View Online
<input type="checkbox"/> International Explorer Fund (VINGIX) <small>Vanguard International Explorer Fund (Investor Shares)</small>	View Online

To access your personal SMA ACCOUNT

www.mylife.jhrps.com



Our SMA plan representative at John Hancock is John Woodring. He can be reached at (781)249-2503.

Your SMA monies are set aside in an account of your very own. The contributions and investment gains/losses are your own. At retirement, there are several options that you may choose as to how to receive your SMA benefit.



Keep *connected*, stay secure

Your retirement plan helps you prepare for your financial future. Stay connected and informed to achieve financial success.

Register your account online today

If you haven't yet, register your account!

Visit myplan.johnhancock.com or download John Hancock's retirement app and choose "Register now" to set up your online profile. Remember to include your personal email address and mobile phone number for an added level of security.

Registering your account allows you to:

- Help keep your account secure
- Quickly view, download, and print documents such as statements and tax forms
- Receive notices when important documents are available
- Get timely confirmation of account transactions
- Confirm account transactions
- Reset your password quickly and easily
- Stay up to date on plan-related messages

Registering your account helps give you an easy, safe, and secure way to access your information. It also allows us to act quickly to protect your retirement savings if you don't recognize transactions or updates, so don't miss this opportunity to stay connected.

Already registered? Update your delivery settings!

If you've already registered your account, be sure you're making the most of your online access. Update your delivery settings to receive important notifications, confirmations, and plan documents electronically. Simply log in to your account and select "My profile."

Get online account access at **myplan.johnhancock.com**, or by downloading John Hancock's retirement app.



iOS



Android

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