

Building Your Benefits



FOX VALLEY & VICINITY
LABORERS

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About us – the Fox Valley Funds

The Fox Valley Laborers Funds were established by an Agreement and Declaration between the Laborers International Unions of North America, Locals 582 and 1035, AFL-CIO and the Fox Valley General Contractors Association and the Illinois Road Builders Association, representing the contributing employers, and the Union representing the employees.

- The Fox Valley Laborers Health and Welfare Fund was established on October 1, 1961
- The Fox Valley and Vicinity Laborers Pension Fund was established on June 1, 1965

The purpose of the Funds is to provide health and welfare and pension benefits to participants covered by collective bargaining agreements between the Union and contributing employers.



New apprentice training

Today's Goals:

- **Complete your enrollment in the Fox Valley Laborers Health & Welfare Fund and the Fox Valley and Vicinity Laborers Pension Fund**
- **Register you for our Participant Dashboard**
- **Fund Office contact information**
- **Provide an overview of the benefits a laborer earns**



Fox Valley Locals of the Chicago District Council

Local 582: Kane and Kendall Counties

2400 Big Timber Road, Suite 112A

Elgin, IL 60124

(847) 741-7430

(847) 741-1622 (fax)

www.local582.us

Business Manager: Michael S. Bivins

Secretary Treasurer: Alberto Alfaro

Local 1035: Boone and McHenry Counties

3819 N. Route 23, Suite A

Marengo, IL 60152

(815) 568-6190

(815) 568-0942 (fax)

www.local1035.org

Business Manager: Brian M. Urso

Secretary Treasurer: Brandon J. Sheahan

LiUNA!

Feel the Power



Review your hours

You work hard! Every hour you work counts!

- **Weekly pay**
- **Health & Welfare eligibility**
- **Pension benefit accrual**

Check your hours on a regular basis to make sure they are accurately reported by your employers

- **Keep your weekly check stubs**
- **Keep a log of hours worked**
- **Verify your hours worked via the Participant Dashboard**
- **Verify your hours worked to the Quarterly Status report provided by the Fund Office**



Review your hours - quarterly

Each quarter the Fund Office will send you with a Quarterly Status Report reflecting the hours reported on your behalf by your employer(s). Review this report and confirm these hours accurately reflect the hours you worked.

```

                                FOX VALLEY LABORERS
                                HEALTH AND WELFARE FUND
                                2371 BOWES ROAD - SUITE 500 - ELGIN, ILLINOIS 60123
                                (847) 742-0900

                                QUARTERLY STATUS REPORT

[DATE]

FOX VALLEY LABORER
123 MAIN STREET
ANY TOWN, IL 00000

Subject: Fox Valley Laborers Health & Welfare Fund
UID:      FVL000000
Local:    582 or 1035
Plan:     ACTIVE ELIGIBLE COVERAGE

You are eligible for Welfare Benefits during the Benefit Quarter
beginning [date].
The Fox Valley Laborers Health & Welfare Fund has received Employer
Contributions listed below for the Work Quarter ending [date].

ACCT      CONTRACTOR      MONTH      WORK      WELFARE
NO        -----
-----
9999 SAMPLE EMPLOYER      X/20XX      178.00      178.00
9999 SAMPLE EMPLOYER      X/20XX      164.00      164.00
9999 SAMPLE EMPLOYER      X/20XX      123.00      123.00

Questions, concerns or errors with this statement must be reported
immediately to the Fund Office.
```

Advise your Employer, Business Agent, and the Fund Office of any discrepancies.

Our team will ensure that the fringe benefit contributions for each hour worked are collected and credited to you.

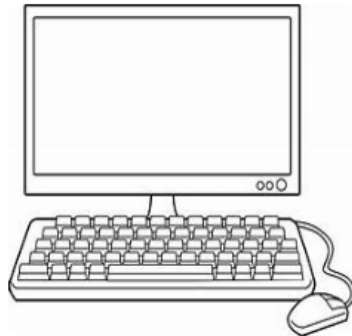


Review your hours - anytime

Don't want to wait for a paper statement?

Your contribution history can be viewed 24/7/365 on our Participant Dashboard through our website at www.fvlab.com

Contact the Fund Office for access if you haven't already been provided your username and password.



Welcome to Fox Valley Laborers Benefit Funds

Serving Laborer Locals 582 and 1035 in Boone, Kane, Kendall & McHenry Counties

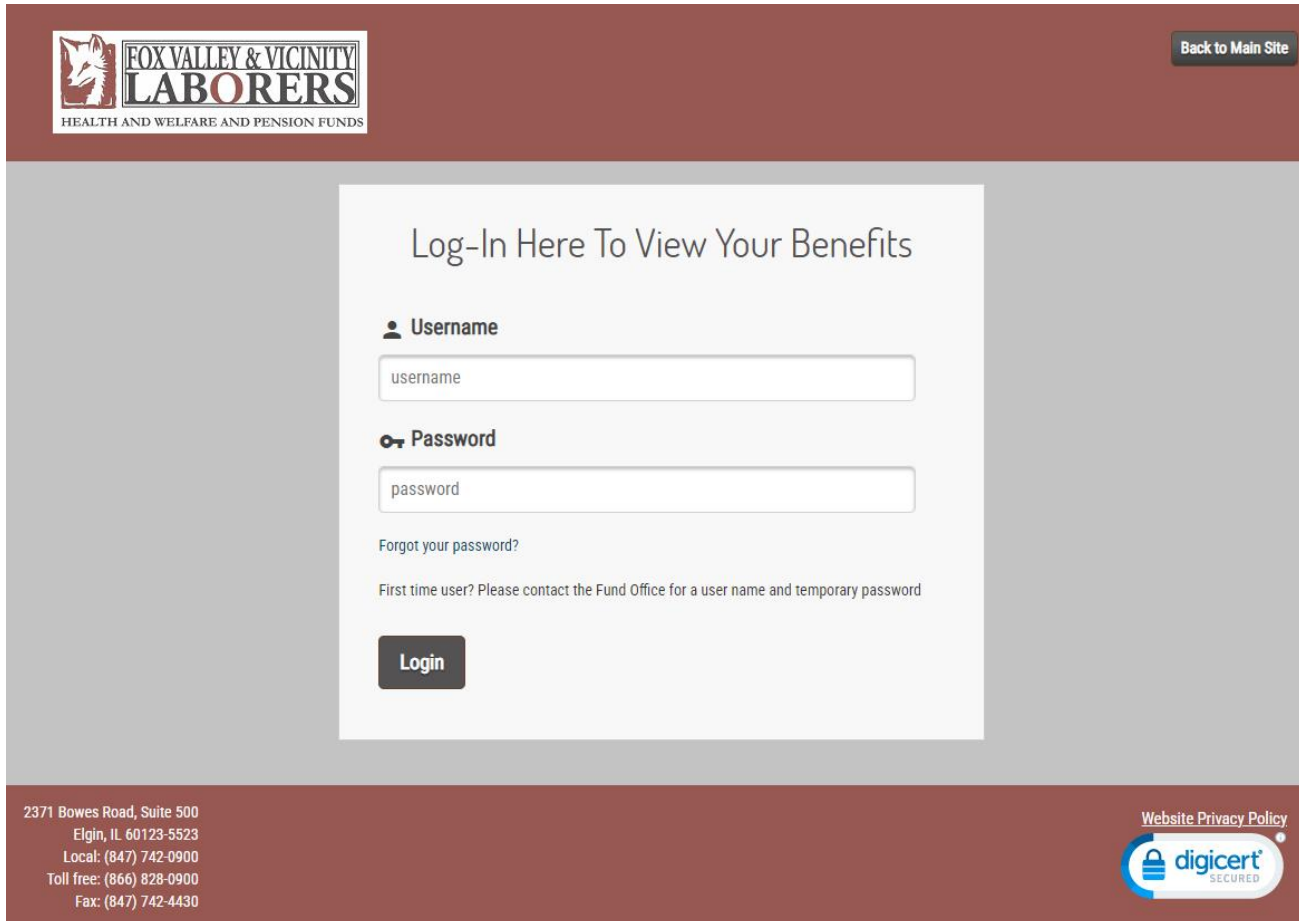
Visit the Participant Dashboard

Log in to our Participant Dashboard to view your benefit information including work history, eligibility, pension status, and more!

[Participant Dashboard Login >>](#)



Participant Dashboard



The screenshot shows the login interface for the Fox Valley & Vicinity Laborers Health and Welfare and Pension Funds. The header features the organization's logo and a "Back to Main Site" button. The main content area is titled "Log-In Here To View Your Benefits" and contains two input fields: "Username" (with the placeholder text "username") and "Password" (with the placeholder text "password"). Below the password field is a link for "Forgot your password?" and a note for first-time users: "First time user? Please contact the Fund Office for a user name and temporary password". A "Login" button is positioned at the bottom of the form. The footer includes contact information: "2371 Bowes Road, Suite 500, Elgin, IL 60123-5523, Local: (847) 742-0900, Toll free: (866) 828-0900, Fax: (847) 742-4430" and a "Website Privacy Policy" link next to a "digicert SECURED" logo.

- Personal general information
- Eligibility status
- Review recent insurance claims
- Pension credits
- Prepare a pension estimate
- Submit online forms
- Print paper forms

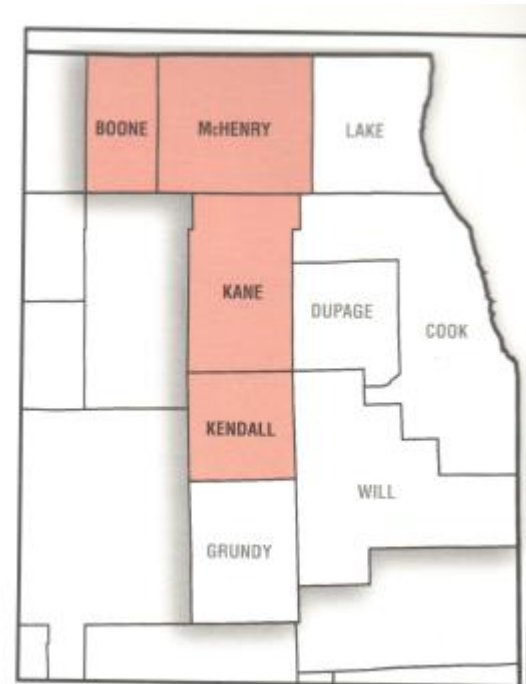


Work jurisdiction

Working outside of the Chicagoland area?

Please keep in mind that if you are working outside of the nine Chicagoland counties, your hours could be reported to a different benefit fund office.

Contact the Fox Valley Fund Office or our website www.fvlabs.com/forms page to obtain a Transfer Request and Consent Form. This provides us with the authorization to have your contributions reported to the work jurisdiction (Away Fund) transferred back to the Fox Valley Funds (your Home Fund).



Know your wages

Are you being paid properly?

Allocations for wages and benefits are effective June 1st of each year. The rate effective June 1, 2023 is \$48.90 per hour.

Contact your Local if you need assistance in determining the proper wages and benefits that should be paid.

Contact your Local immediately if you or any Laborer is not receiving the proper pay!

Chicago
Laborers'
District
Council

LiUNA!

2023 – 2024

Always carry your Union Card and ask your fellow workers to show theirs. Dues are payable the first month of each quarter, namely, January, April, July and October of each year.



ARE YOU BEING PAID CORRECTLY? For the Period June 1, 2023 through May 31, 2024

Monday through Friday Hours			Saturday Hours			Sunday Hours		
Hours Worked	Hourly Rate	Gross Pay	Hours Worked	Hourly Rate	Gross Pay	Hours Worked	Hourly Rate	Gross Pay
1	\$48.90	\$ 48.90	1	\$73.35	\$ 73.35	1	\$97.80	\$ 97.80
2	\$48.90	\$ 97.80	2	\$73.35	\$146.70	2	\$97.80	\$ 195.60
3	\$48.90	\$146.70	3	\$73.35	\$220.05	3	\$97.80	\$ 293.40
4	\$48.90	\$195.60	4	\$73.35	\$293.40	4	\$97.80	\$ 391.20
5	\$48.90	\$244.50	5	\$73.35	\$366.75	5	\$97.80	\$ 489.00
6	\$48.90	\$293.40	6	\$73.35	\$440.10	6	\$97.80	\$ 586.80
7	\$48.90	\$342.30	7	\$73.35	\$513.45	7	\$97.80	\$ 684.60
8	\$48.90	\$391.20	8	\$73.35	\$586.80	8	\$97.80	\$ 782.40
9	\$73.35	\$464.55	9	\$73.35	\$660.15	9	\$97.80	\$ 880.20
10	\$73.35	\$537.90	10	\$73.35	\$733.50	10	\$97.80	\$ 978.00
11	\$73.35	\$611.25	11	\$97.80	\$831.30	11	\$97.80	\$1,075.80
12	\$73.35	\$684.60	12	\$97.80	\$929.10	12	\$97.80	\$1,173.60

***Hourly rates above assume \$48.90 straight time rate.

***Starting times, rates, and working hour rules may differ slightly between contracts.

***Call your Local if you need assistance in determining the proper wages and benefits that should be paid.

***Call your Local immediately if you or any Laborer is not getting paid correctly.



Know your wages

NEW SCALE OF WAGES FOR FOX VALLEY CONSTRUCTION AND GENERAL LABORERS EFFECTIVE 6-1-23 TO 5-31-24

All Laborers Classifications	
Other Than Those Listed Below	48.90
Building Labor Foremen, General Foremen and Superintendent	
49.65	
Building Sub-Foremen	
49.35	
Road General Foreman of Laborers and Superintendent	
50.475	
Road Foremen of Laborers	
50.05	
Asphalt Foreman	
50.05	
Cut-Out Foreman	
50.05	
Street Repair Foreman	
50.05	
Sewer and Caisson Foreman	
50.00	
Sewer and Caisson Sub-Foreman	
49.70	
Tunnel Foreman	
50.50	
Tunnel Sub-Foreman	
50.00	
Underground General Foreman and Superintendent	
50.50	
Asbestos Abatement Laborers	
48.90	
Asbestos Abatement Foreman	
49.90	
Firebrick Work and Boiler Setter Laborers	
49.225	
Jackhammer (on Firebrick Work only)	
49.175	
Boiler Setter Plastic-Laborers	
49.35	
Chimney Laborers (over 40 feet)	
49.00	
Chimney Laborers (on Firebrick Work only)	
49.25	
Scaffold Laborers	
49.00	
Caisson Diggers/Sewer and Bottom Man	
49.25	
Jackhammermen	
49.125	

Power Driven Concrete Saws and Other	
Power Equipment Laborers	49.125
Stone Derrickmen and Handlers	
49.10	
Well Point System Men	
49.25	
Windlass and Capstan Person	
49.05	
Cement Gun Nozzle Laborers (Gunite)	
49.05	
Cement Gun Laborers	
48.975	
Material Testing Laborer I (Hand coring and drilling for testing of materials; field inspection of uncured concrete and asphalt)	
38.90	
Material Testing Laborer II (Field Inspection of welds, structural steel, fireproofing, masonry, soil, facade, reinforcing steel, formwork, cured concrete and concrete and asphalt batch plants; adjusting proportions of bituminous mixtures	
43.90	

Apprentice Laborers Wages
The wages per hour paid to apprentice shall be as follows:

1st six (6) mo.: 60% of journeyman (base) wages ..	29.34
2nd six (6) mo. 70% of journeyman (base) wages ..	34.23
3rd six (6) mo.: 80% of journeyman (base) wages ..	39.12
4th six (6) mo.: 90% of journeyman (base) wages ..	44.01
After twenty-four (24) mo.: 100% of journeyman (base) wages	48.90

Plus hourly contribution of:

Welfare	15.28
Pension	18.00
Training91
LDCLMCC19
LECET07

**Industry, CISCO and
additional LECET and LDC-LMCC Fund
contributions where applicable**

Fringe Benefit and applicable Industry Fund
contributions must be mailed monthly to:

**Fox Valley Laborers Fringe Benefit Funds
75 Remittance Drive, Suite 1504
Chicago, IL 60675-1504**

**WORKING DUES deduction at
3.75% of gross wages**

Working Dues, LDCLMCC, LECET and IAF
must be mailed monthly to:

**Laborers' Work Dues Fund
Department 4334
Carol Stream, IL 60122-4334**



We are here for you and your family

The Fund Office is located at:

2371 Bowes Road, Suite 500

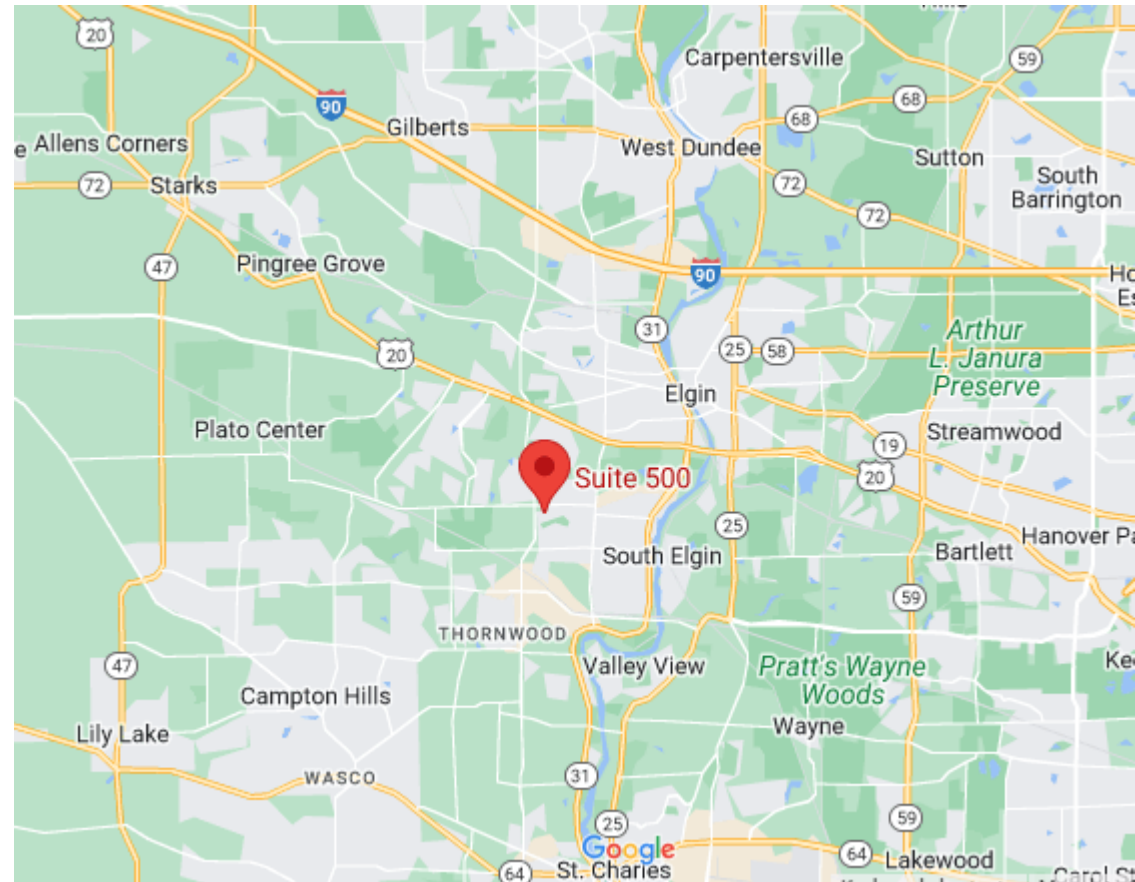
Elgin, IL 60123

Phone: (847) 742-0900

Fax: (847) 742-4430

**Customer Service is available Monday
through Friday from 8:00 a.m. to 4:30 p.m.**

Call or walk-in with your questions.



We are here for you and your family – in person

Questions regarding specific matters? Contact our friendly, knowledgeable team members to get your questions answered.

Customer Service: phone menu option #3

- Insurance claims
- Benefit coverage
- Change of address
- COBRA election (continuation of insurance coverage)

Pension Department: phone menu option #4

- Request a quote
- Inquiry on credits
- Report a death

Contributions Department: phone menu #5

- Unreported hours
- Transfer requests



We are here for you and your family - online



Thank you for visiting our website. Here you will find important information about the benefits and services offered by the Fox Valley Laborers Welfare and Pension Funds to our participants and contributing employers.

Our website is always accessible.

Visit www.fvlab.com for valuable information about your benefit plans, print forms, and more.

Log in to the Participant Dashboard to view your personal data, contribution history, benefit claims paid, and prepare a pension estimate.



Enrollment



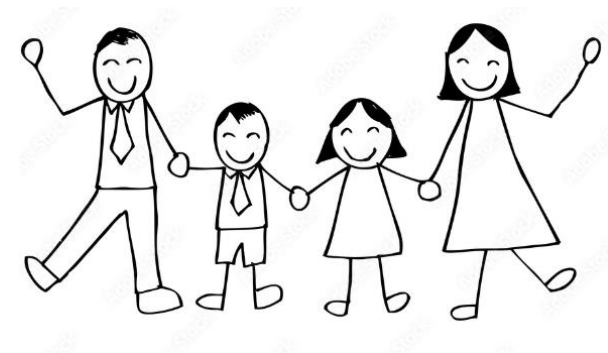
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LABORERS

Eligibility and participation

The Fox Valley Laborers Health and Welfare Fund offers you coverage for a wide range of benefits, including medical, dental, prescription drug, vision, member assistance program, family supplemental , and death and disability benefit.

Who is eligible to participant in the Funds?

- You, the laborer
- Your legally married spouse
- Dependent children (up to age 26):
 - your naturally born children
 - your legally adopted children
 - your spouse's naturally born or legally adopted children



Let's get enrolled!

- ✓ Complete and submit an enrollment form to let us know about you and your family members. Be sure to include copies of the requested documentation:
 - birth certificates
 - marriage certificate
 - Social Security cards / ITIN letters

- ✓ Elect beneficiaries for the Welfare and Pension Funds.

Benefits cannot be paid until all documentation is received

Please note: Anytime you experience any of the following life changes, we will need an updated enrollment form to be sure benefits are paid properly:

- Married
- Divorced
- Have or adopted a child
- If you gain or lose other health insurance



Eligibility



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Initial eligibility

The Fund must receive contributions from your employer for 300 or more hours of work during a Contribution Quarter before your coverage can begin. Your coverage will begin on the first day of the corresponding Benefit Quarter after the Fund receives the contributions.

OR

The Fund must receive contributions from your employer for 500 or more hours of work during a consecutive six-month period before your coverage can begin. Your coverage will begin on the first day of the month after the Fund receives the contributions.

Contribution Quarter

August / September / October
November / December / January
February / March / April
May / June / July

Benefit Quarter

January / February / March
April / May / June
July / August / September
October / November / December



To continue eligibility

The Fund must receive contributions from your employer for 270 or more hours of work during a Contribution Quarter (see chart on previous slide).

OR

The Fund must receive 800 or more hours of work in a 12-month period, as follow:

12-Month Period

November through October

February through January

May through April

August through July

Benefit Quarter

January / February / March

April / May / June

July / August / September

October / November / December



What if I lose eligibility?

If you lose eligibility due to a reduction in work hours, you may elect to purchase COBRA Continuation Coverage for yourself and your eligible dependents for up to 18 months.

Medical only or full coverage (medical / dental / vision) is available.

The Quarterly Status Report will provide additional details for continuing coverage. This report will also show any credit, if applicable, earned to offset the monthly premium.

Contact the Fund Office for your specific situation.



Health and Welfare Benefits



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Health and Welfare Plan of benefits

The Fund provides the following coverage for you and your eligibility dependents:

- Medical
- Dental
- Prescription Drug
- Vision
- Member Assistance Program
- Family Supplemental
- Loss of Time
- Death and Accidental Dismemberment
- Retiree Coverage



How the Plan pays benefits

Annual Deductible: \$150 per person
\$400 per family

Co-Insurance: After deductible, Plan pays:

PPO Providers 90%; you pay 10%
Non-PPO Providers 80%; you pay 20%

Annual Out-of-Pocket Maximum: \$1,500 per person, plus deductible



Preferred provider networks

Participating in the following discount networks and programs to provide the most competitive prices for you:

- BlueCross BlueShield
- CVS Caremark Prescription Drugs
- Dental Network of America
- Hello Heart
- EyeMed Vision
- ERS / AllOne Health



Medical benefits

Just to name a few of the covered items:

- ✓ Physical exams for you and your dependents
- ✓ Immunizations
- ✓ Emergency care
- ✓ Inpatient hospital services and supplies
- ✓ Physical, occupation, and speech therapy
- ✓ Skilled nursing facility
- ✓ Hearing aids
- ✓ Blood pressure monitoring
- ✓ Durable medical equipment
- ✓ Substance abuse benefits
- ✓ Bariatric surgery
- ✓ Infertility treatment
- ✓ Transplant procedures
- ✓ Case management

**Once you're eligible, watch
your mailbox for your
identification card**



Dental benefits

Coverage and Services: Plan pays 100%, no deductible

- Type A for preventive (routine exams and cleaning, etc.)

Plan pays 85%; you pay 15%

- Type B & Type C for general and replacement (x-rays, extractions, filling restorations, etc.)
- Type D for orthodontia
- Type E for implants

Annual Deductible: Before the Plan pays certain benefits, you must first meet the \$50 annual deductible. The deductible applies to Type B, Type C, and Type E Services.

Annual Maximum: An annual maximum of \$2,500 per person per calendar year is applicable to Type A, Type B, and Type C Services. Dependent children up to age 18 do not have a maximum.

Lifetime Maximum: Type D (orthodontia) has a \$2,000 lifetime maximum benefit, per person
Type E (implants) has a \$3,500 lifetime maximum benefit, per person

Ask your provider to submit a pre-treatment dental plan to the Fund Office to determine the level of benefits the Fund will provide.



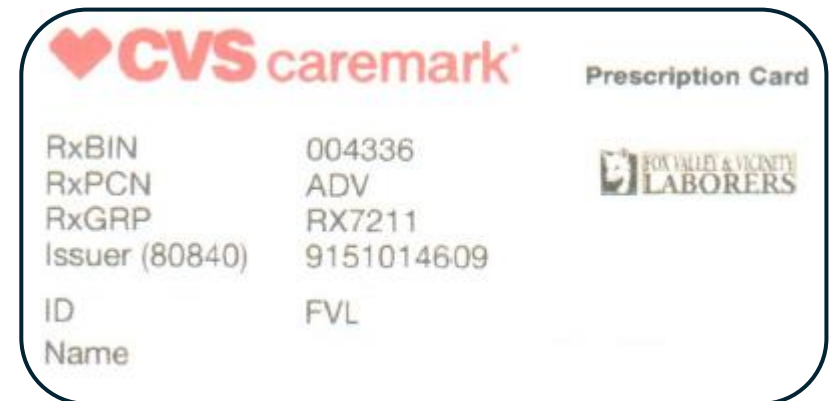
Prescription drug benefits

- **Up to 30-day supply:**
fill at your local retail pharmacy location

\$8 copay for generic
\$15 copay for name brand

- **Up to 90-day supply:**
(mandatory for maintenance medications)
fill at your local participating CVS, Costco,
or Kroeger retail locations, or by mail, after two
retail pharmacy fills (one original and one refill)

\$15 copay for generic
\$30 copay for name brand



**Present your identification card
at the pharmacy**



Blood pressure monitoring benefits

We partnered with Hello Heart because your heart matters.

Take control of your heart health!

- Get a free Hello Heart monitor
- Track your blood pressure at home
- Get medication reminders and see how small changes can have a big impact on your heart
- Receive tips and real-time feedback unique to you



Blood pressure, cholesterol, and menopause play a part in your heart health. Sign up today!



Vision benefits

The vision care portion of the Plan helps pay for your eye care needs. In-network providers provide the most cost-effective benefit. Visit EyeMed.com or call (866) 723-0514 to find a provider in your area.

In-network savings:

Annual Eye Exam: no cost

Annual Maximum: up to \$300 per person, per calendar year
(includes lenses/frames or contact lenses)

Lasik Surgery: up to \$1,000 per eye, per person, per lifetime
(coverage for member and spouse only)



Member assistance program benefits

We partnered with ERS, an AllOne Health Company, to provide the support you need to:

- Improve mental health
- Reduce stress
- Support whole health

Services are free, confidential, and available to your family household members with 24/7/365 access. Including, but not limited to:

- 3 mental health sessions per issue, per year
- 3 life coaching sessions per year
- Financial consultations / resources
- Legal referrals
- Work / life resources and referrals
- Medical advocacy



Family Supplemental benefit

Certain medically necessary expenses may be reimbursable to you if you pay out-of-pocket*.

These eligible expenses include unreimbursed medical, prescription drugs, dental, and vision expenses that you or your dependents incur.

As an example, you may submit a claim for dental or orthodontia benefits that exceed the annual or lifetime maximums.

Length of Service

Less than 10 years
10 – 19 years
20 - 29 years
30 or more years

Calendar Year Benefit Amount

\$1,000 per family
\$1,500 per family
\$2,000 per family
\$2,500 per family

*Does not include expenses to meet your deductible or out-of-pocket amount. Expenses must be reimbursable per Internal Revenue Service Medical and Dental Expenses Publication 502.



Even more benefits

Loss of Time Benefit: The Plan can help you replace part of your income if you become disabled and cannot work. The maximum benefit is \$600 per week, up to 26 weeks.

Accidental Dismemberment Benefit: The Plan provides a benefit up to \$10,000 if you have a serious injury through accidental means – on or off the job – covering loss of limbs or permanent loss of sight.

Maintain your eligibility for these financially important benefits!

Death Benefit: Providing for you and your family in the event of a death.

Death Benefit:

Less than 5 years	\$20,000
5 – 29 years	\$40,000
30 or more years	\$50,000

Dependent Death Benefit:

Spouse	\$3,000
Child	\$2,000



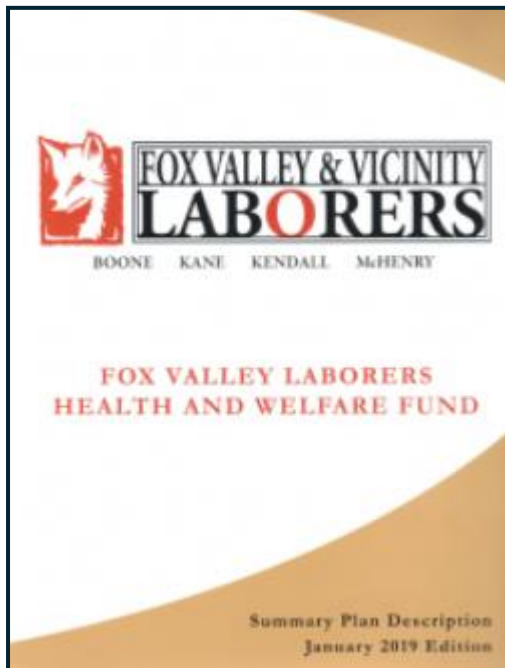
Retiree benefits

As a retiree receiving a pension benefit from the Fox Valley and Vicinity Laborers Pension Fund, you will be eligible for all medical, prescription drugs, dental, vision, and member assistance program benefits under the Plan when you meet the following eligibility requirements:

- You must have at least 15 years of service under the Fox Valley and Vicinity Laborers Pension Fund, with a maximum of 50% of those years granted under reciprocal agreements; AND
- Have been eligible for benefits from the Health and Welfare Plan for at least one Benefit Quarter within the four Benefit Quarters immediately preceding your retirement.



Summary Plan Description



Refer to the Summary Plan Description written in a clear, straight-forward language to serve as an easy-to-use reference guide when you have questions about your health and welfare benefits.



Pension Benefits



FOX VALLEY & VICINITY
LABORERS

Pension benefits

As a participant in the Fox Valley and Vicinity Laborers Pension Fund, you will earn a benefit that will provide you with a monthly income when you stop working at retirement age. This benefit is in addition to your Social Security benefit and your personal savings and investments. The best part is that this doesn't cost you a thing!

How do you earn a pension? You accrue credits and a benefit for each hour you work performing covered work for a signatory employer.

What's a credit? You will earn one service credit for the first year of Covered Employment no matter how many hours you work. For each year thereafter, you will earn one year of service credit for each Plan Year during which you work at least 500 hours in Covered Employment.

What's a Plan Year? A plan year is from June 1st through May 31st. Not the same as a calendar year.



Vesting

Once you are fully vested under the Plan, you have a non-forfeitable right to a pension benefit when you retire.

How do I become vested? You are considered vested once you earn at least five years of service (“credits”).

What if I incur a short break in service? You will not receive a credit if you do not work at least 500 hours in a Plan Year (other than your first year).

What if I incur a permanent break in service? If you are not fully vested with five credits, you can lose the amount of service and benefits you’ve accumulated under the Plan if you have five consecutive plan years without earning a credit.

If you are fully vested with a minimum of five years of service, your benefit will still be there when you retire.



Commencing your benefit

You are eligible to collect your pension benefit:

- At age 65 or older, with a minimum of five (5) credits / years of service
- At age 60 or older, with a minimum of ten (10) credits / years of service

When you are ready to retire, complete the pension application and return it to the Fund Office at least 60 days prior to the date you want your pension to begin.

Types of benefits offered

- Normal Benefit
- Early Benefit
- 30 and Out
- Total and Permanent Disability



Pension benefit payment options

Single Life Only: Payable for your life only.

Five (5) Year Certain and Life: Payable for 60 installments. If you die before receiving 60 payments, your designated beneficiary will receive the remainder of the 60 benefit payments.

Ten (10) Year Certain and Life: Payable for 120 installments. If you die before receiving 120 payments, your designated beneficiary will receive the remainder of the 120 benefit payments.

Joint & Survivor: A benefit payable to you with a percentage of your benefit payable to your spouse should you die before your spouse. This benefit is payable in the form of 50%, 75%, or 100% of your benefit amount.

Joint & Survivor with Pop-up: A benefit payable to you with a percentage of your benefit payable to your spouse should you die before your spouse. This benefit is payable in the form of 50%, 75%, or 100% of your benefit amount. However, should your spouse die before you, your benefit will now pop-up to the Single Life Only benefit amount and will be payable for your life only at that increased benefit amount.

Level Income Option: This option adjusts your pension amount before and after you are eligible for Social Security benefits, so that the combined monthly amount you receive remains approximately the same during your retirement. To calculate this benefit, the Fund Office will need a copy of your Social Security benefit statement.



The more you work, the more your benefit

Example: Tom works 11 years in covered employment as a Laborer. His employers have remitted the following hours and contributions on his behalf. His Single Life Only benefit at Normal Retirement Age is calculated below and will be \$2,253.74 per month.

PLAN YEAR	HOURS WORKED	EMPLOYER CONTRIBS.	BEN. RATE	BENEFIT AMOUNTS	BENEFIT CREDITS	VESTING CREDITS
2013/14	238.50	1,700.51	1.50%	\$25.51	1.00	1.00
2014/15	1,995.50	15,325.44	1.50%	\$229.88	1.00	2.00
2015/16	2,009.00	17,036.32	1.50%	\$255.54	1.00	3.00
2016/17	2,091.00	17,731.68	1.50%	\$265.98	1.00	4.00
2017/18	1,508.00	12,787.84	1.50%	\$191.82	1.00	5.00
2018/19	1,737.50	14,734.00	1.50%	\$221.01	1.00	6.00
2019/20	1,615.50	14,539.50	1.50%	\$218.09	1.00	7.00
2020/21	1,630.00	14,670.00	1.50%	\$220.05	1.00	8.00
2021/22	1,670.50	15,034.50	1.50%	\$225.52	1.00	9.00
2022/23	1,717.50	15,457.50	1.50%	\$231.86	1.00	10.00
2023/24	1,248.00	11,232.00	1.50%	\$168.48	1.00	11.00
TOTAL: 17,461.00		150,249.29		\$2253.74	x 100% VESTED =	\$2253.74

Note: Further benefit options will be actuarial reduced based on the benefit elected

Every hour and every dollar is credited towards your benefit!



Supplemental Lump Sum benefit

You are eligible for a one-time payment for each year of Lump Sum Service (minimum of 20 years) during which contributions were made to the Fox Valley and Vicinity Laborers Pension Fund on your behalf. You must be Active at the time of your retirement. This benefit is also eligible for a rollover into an Individual Retirement Account (IRA).

<u>Years of Service</u>	<u>Lump Sum Benefit Amount</u>
20	\$20,000
21	\$21,000
22	\$22,000
23	\$23,000
24	\$24,000
25	\$25,000
26	\$26,000
27	\$27,000
28	\$28,000
29	\$29,000
30	\$30,000

Although the chart shows the payment you will receive for up to 30 years of service, the benefit is not capped at 30 years / \$30,000.

A year of service is defined as at least 500 hours in a Plan Year.

“Active” means you have earned a credit in the Plan Year you begin your pension benefit AND have earned a credit in the two immediately preceding Plan Years.



Total and Permanent Disability benefit

The Plan provides a benefit should you become totally and permanently disabled.

To be eligible for a Total and Permanent Disability Benefit, you must have at least 10 years of service, be Active at the time you are disabled, be considered totally and permanently disabled, and incapable of engaging in any occupation for the remainder of your lifetime based on medical evidence.

This benefit is 80% of your accrued benefit (the benefit you would have received based on Employer Contributions made on your behalf before your disability). The monthly benefit will not be less than \$600 per month.

Example:

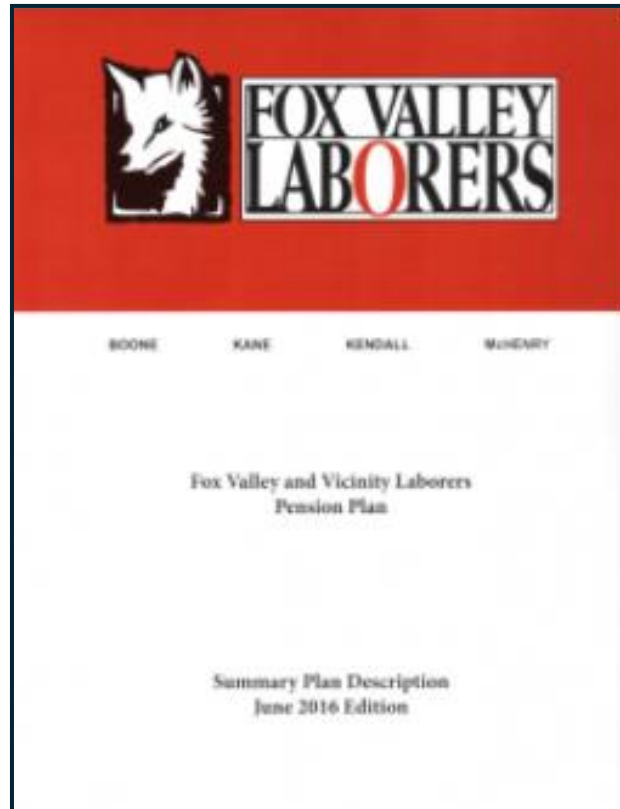
Tom's disability benefit would be: $\$2,253.74 \times 80\% = \$1,802.99$ per month until he reaches his Normal Retirement Age.



“Active” means you have earned a credit in the Plan Year you begin your pension benefit AND have earned a credit in the two immediately preceding Plan Years.



Summary Plan Description



Refer to the Summary Plan Description written in a clear, straight-forward language to serve as an easy-to-use reference guide when you have questions about your pension benefits.



In closing...

We want to extend a warm welcome to you as you begin your career as a Laborer of the Fox Valley Funds!

When it comes to your benefits, please know that we are here for you every step of the way. Our sole purpose at the Fund Office is to service you and your family.

Please don't hesitate to reach out. We will help you navigate these benefits.



Save this presentation for future reference. Be sure to share this important information with your family.

