

**SUMMARY OF MATERIAL MODIFICATION  
TO THE PLAN OF BENEFITS  
OF  
ROOFERS LOCAL NO. 74/NO. 203 WELFARE TRUST FUND  
(January 1, 2018)**

A. General. This is a summary of material modification regarding the Plan of Benefits, Roofers Local No. 74/No. 203 Welfare Trust Fund (the "Plan"). This summary of material modification supplements the Summary Plan Description (the "SPD") previously provided to you. You should retain this document with your copy of the SPD.

B. Sponsor Information. The legal name, address and federal employer identification number of the Sponsor are:

Board of Trustees  
Roofers Local No. 74/No. 203 Welfare Trust Fund  
2800 Clinton Street  
West Seneca, New York 14224  
(716) 828-0488

EIN: 16-0836163

C. Summary Description of Modifications. The Plan's provisions regarding family and medical leave have been revised to read as follows:

**XVII  
FMLA and New York Paid Family Leave**

If you are eligible for, and are granted leave by your Employer under the Family and Medical Leave Act of 1993, (the "FMLA") and/or the New York Paid Family Leave Law (the "PFL") you will be entitled to health and hospitalization insurance coverage under the Plan throughout the duration of your leave, but your Employer must continue to contribute to the Plan the monthly premium established by the Plan in order to maintain coverage. You will receive the type of coverage (*i.e.*, family or single) you were receiving prior to the leave, subject to any change you may have in family status.

If you fail to return to work after a period of unpaid FMLA leave entitlement has been exhausted or expires, your Employer is entitled to recover the premiums paid on your behalf unless the reason you did not return is due to a continuation, recurrence, or onset of a serious health condition which entitles you to leave under the FMLA, or other circumstances beyond your control as defined in the FMLA and the regulations thereunder. Questions regarding your entitlement to FMLA or PFL leave should be referred to your Employer. Questions about the continuation of medical and dental coverage during leave, if available, should be referred to the Fund Office.

If you do not return to work at the end of an FMLA or PFL leave, you may be entitled to elect COBRA Continuation Coverage, even if you were not covered under the Plan during the leave. Coverage continued under this provision is in addition to coverage described above under the section entitled Continuation of Coverage.

Please contact Bernie Magney, Fund Administrator, if you have any questions.