

**SECOND AMENDMENT
to the
SUMMARY PLAN DESCRIPTION
of the
ELECTRICAL WORKERS LOCAL NO. 292
SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN**

(JUNE 2005)

The provisions of the Summary Plan Description for members of the Electrical Workers Local No. 292 Supplemental Unemployment Benefit Plan (June 2005) are amended through the addition of a Health Care Self-Contribution Benefit contained on new page 13A as well as amended page 14 regarding Claims Procedures. The amendment also contains a minor alteration to the Severance Benefit.

This Amendment is effective as of January 24, 2008.

IN WITNESS WHEREOF, the undersigned, being all of the Trustees of the Electrical Workers Local No. 292 Supplemental Unemployment Benefit Plan hereby approve and adopt this Amendment.

Dated this 24th day of January, 2008

SEVERANCE BENEFIT

Please see the section of this Summary Plan Description entitled "Claims Procedure" for information about claiming this benefit.

Eligibility for the Benefit

To be eligible for the Severance Benefit, employer contributions must not have been made on your behalf in the last 4 consecutive work months to any of the following plans: the Defined Contribution Plan, the Health Care Plan, and the Electrical Workers Local No. 292 Pension Plan.

Amount of the Benefit

The amount of the benefit will be equal to your Individual Account Balance.

HEALTH CARE SELF-CONTRIBUTION BENEFIT

Please see the section of this Summary Plan Description entitled "Claims Procedure" for information about claiming this benefit.

Eligibility for the Benefit

To be eligible for the Health Care Self-Contribution Benefit you must have received at least \$1,200 in employer contributions to your Individual Account since the last time your Individual Account was \$25 or less. You must also:

1. Have exhausted your I.B.E.W. 292 Health Care Plan Premium Credit Account;
2. Be eligible to make self-contribution payments for coverage under the I.B.E.W. 292 Health Care Plan;
3. Be registered on the out-of-work list.

Receipt of unemployment compensation does not make you ineligible to receive this benefit.

Amount of the Benefit

The amount of the benefit received under this benefit will be up to the amount of the required self-contribution for I.B.E.W. 292 Health Care Plan coverage and will reduce your self-contribution for coverage under that plan dollar-for-dollar.

CLAIMS PROCEDURE

Trustee Authority

The Trustees have the authority to determine eligibility for benefits and to construe the terms of this Summary Plan Description, the Trust Agreement, and all other plan documentation. Their interpretation will be final and binding on all persons dealing with the SUB Plan or claiming a benefit from the SUB Plan. If a decision of the Trustees is challenged in court, it is the intention of the Trustees that such decision is to be upheld unless it is determined to be arbitrary or capricious.

Applying for Benefits

You (or in the case of the death benefit, your spouse or beneficiary) must file a written application with the Fund Office in order to receive benefits, except as otherwise stated in this Summary Plan Description. Application forms are available from the Fund Office. A completed application form and all necessary documentation (including any items specific to the benefit you are applying for) must be delivered to the Fund Office and approved by the Trustees before any benefits will be paid.

APPLICATION FOR THE	ARE DUE
Death Benefit	For reimbursements, within 30 days of incurring the medical expense
Family and Medical Leave Benefit	Within 30 days of the date the leave begins
Holiday Benefit	The December 1 st immediately preceding the payout date
Retiree Health Plan Self-Contribution Benefit	Not Applicable
Health Care Self-Contribution Benefit	Select for the Health Care Self-Contribution Benefit on your self-contribution notice from the I.B.E.W. 292 Health Care Plan and return by the due date listed.
Severance Benefit	At any time
Supplemental Disability and Workers' Compensation Benefit	Within 30 days of the date the Health Care Plan postmarks the check for Loss of Time benefits for the week in question
Supplemental Unemployment Benefit	Within 30 days of the date you received the state unemployment benefit check for the week in question

Claim Denials

If your claim is denied, the Plan Administrator will notify you of the denial within 90 days after the Fund Office receives the claim. The denial notice will state the specific reasons for the denial, refer to the SUB Plan provisions relied upon in denying the claim, describe how to appeal the denial (including what additional information you must submit, and the reason it must be submitted, in order to appeal), and state your right to file a civil lawsuit if any appeal you file is ultimately denied.