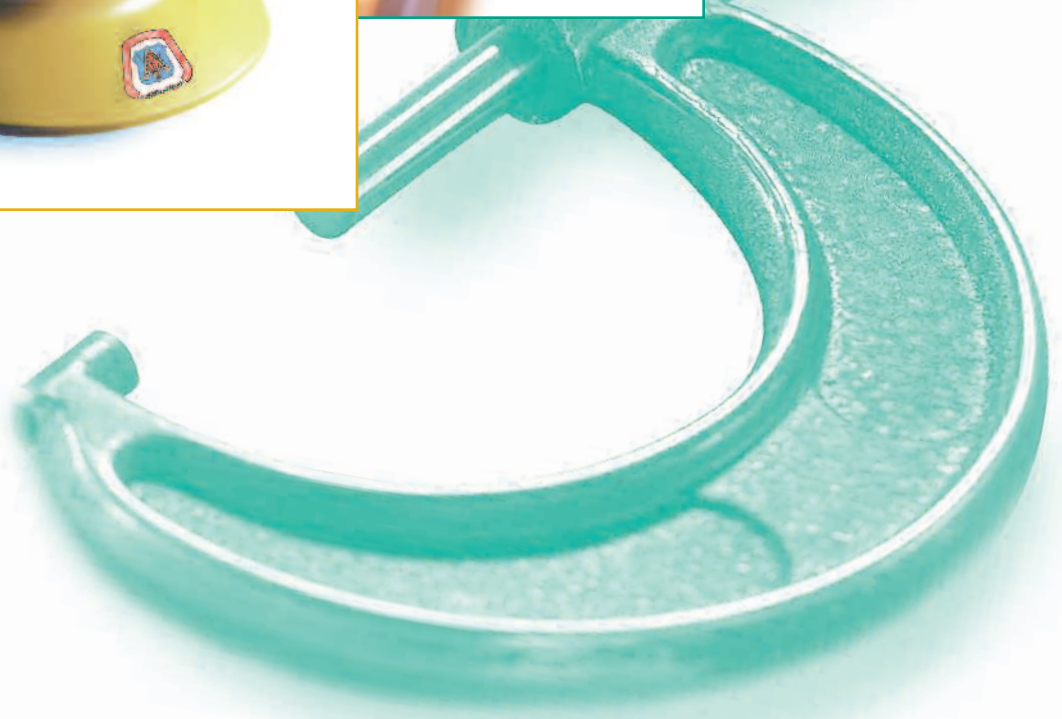


**NYC District Council of  
Carpenters Welfare Fund  
Vacation Benefits Program**



**summary plan description**



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#### **Ayuda en Español**

**Este folleto contiene un resumen en inglés de sus derechos y beneficios bajo el New York City District Council of Carpenters Welfare Fund. Si usted tiene dificultad en entender cualquier parte de este folleto, puede comunicarse con la oficina del plan en 395 Hudson Street, New York, NY 10014. Las horas de oficina son de 8:30 a.m. a 5:00 p.m., lunes a viernes. También puede llamar a la oficina del plan al 800-529-3863 para ayuda.**

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# INTRODUCTION

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The New York City District Council of Carpenters Welfare Fund (the “Welfare Fund” or the “Fund”) provides you with **Vacation Benefits** for your work in **Covered Employment**. The Welfare Fund was established through collective bargaining between the New York City District Council of Carpenters of the United Brotherhood of Carpenters and Joiners of America (**the “Union”**) and **Contributing Employers**. The Fund is administered by a Board of Trustees (**the “Trustees”**) representing labor and management and is funded by employer contributions.

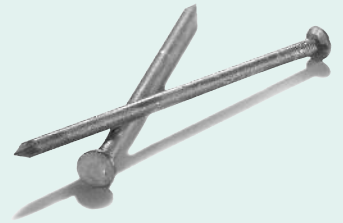
**This booklet is a Summary Plan Description (“SPD”).** In it, we use everyday language to explain your Vacation Benefits; however, there are certain technical terms that apply to the Fund. These terms are defined in the “Glossary” section and the first time these terms appear in this booklet, they are in **bold** type.

While this SPD summarizes the benefits in effect as of July 1, 2011 provided through the Fund, these benefits are subject to the full terms and conditions of the Fund documents and the current **Collective Bargaining Agreement** with your employer. If there is any conflict or inconsistency between this booklet and the Welfare Fund document, the Fund document will take precedence over this summary.

The Trustees expect and intend to continue the Vacation Benefits Program (“Program”) indefinitely, but reserve the right to change, suspend or terminate any or all of the provisions of the Fund or Program at any time and for any reason. The section called “Fund Amendment and Termination” has more information on this feature.

If you have any questions regarding the information in this booklet, please write or call the Fund Office at:

New York City District Council of Carpenters Welfare Fund  
Vacation Benefits Program  
395 Hudson Street  
New York, NY 10014  
Telephone: 212-366-7300  
Toll-Free Telephone: 800-529-3863



**Effective October 1, 2006, the New York City District Council of Carpenters Vacation Fund merged into the New York City District Council of Carpenters Welfare Fund. This Summary Plan Description will refer to the New York City District Council of Carpenters Welfare Fund, which offers other welfare benefits that you may or may not be entitled to, in addition to the Vacation Benefits referred to in this document. For purposes of this SPD, we will only describe the benefits that you may be entitled to under the Vacation Benefits Program, which is provided as part of the Welfare Fund.**

# HOW THE VACATION BENEFITS PROGRAM WORKS

## Eligibility

You are eligible for Vacation Benefits if you are working in Covered Employment for an employer who is required by a Collective Bargaining Agreement to make contributions to the Welfare Fund for Vacation Benefits on your behalf. To find out if you are working in Covered Employment, contact the Fund Office at 212-366-7300.

## Vacation Benefits

Your Vacation Benefits equal the sum of contributions made to the Welfare Fund for Vacation Benefits on your behalf minus any **Assessments** that you have authorized to be paid to the Union, administrative expenses of the Fund, and forfeited benefits due to fraud.

The amount contributed to the Fund is based on a specified rate per each hour that you work in Covered Employment. The hourly contribution rates are indicated in a Collective Bargaining Agreement between the Union and your employer.

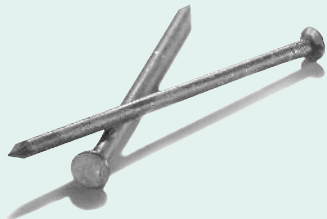
In order for the Fund to withhold Assessments from your **Vacation Account**, you must complete and sign an Assessment form and return it to the Fund Office. Assessments are the amounts you authorize and direct the Fund to deduct from your Vacation Benefits that will be remitted to the Union.

**Your Vacation Account.** A Vacation Account is set up in your name to facilitate crediting employer contributions and subtracting Assessments and administrative expenses. You will receive a quarterly statement of your account—in February, May, August and November.

You should review your quarterly statement carefully to make sure it is accurate. Report any differences from the hours you worked and the hours on the statement to the Fund Office. The Fund Office will investigate any discrepancies to determine what action may be necessary to resolve disputes. (In connection with this, the Fund Office may ask you to file a "Benefit Hours Shortage Report.")

**Payment of your Vacation Account.** The balance of the Vacation Account is paid to you quarterly; usually in March, June, September and December. The amount paid to you in each quarter represents contributions made on your behalf in the previous quarter. For example, contributions for the quarter ending December 31 are included in the check distributed in March.

**Early Distribution.** Notwithstanding the above, you may receive one off-cycle distribution per calendar year if you have sufficient money in your Vacation Account and you submit satisfactory proof that you require a distribution to pay for any one (1) or more of the following eight (8) expenses as shown on the next page:



### You Can't Lose

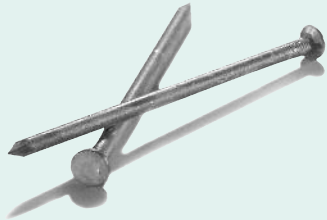
**You are fully vested in your Vacation Benefits from the time contributions are made by your employer to your Vacation Account. This means the money that is deposited into your Vacation Account belongs to you and can never be lost or forfeited, except in the case of fraud or garnishment.**

- (1) non-reimbursable medical expenses of at least \$1,000 which have been, or will be, incurred by you, your spouse, or your dependent, provided you submit an outstanding medical bill, explanation of benefits (EOB) reflecting that the expense is not covered by your medical plan, and proof of dependent status, if applicable;
- (2) purchase of primary residence, provided you submit a fully executed sale/purchase agreement or other legal documentation;
- (3) tuition or related educational fees, and room and board expense for the next 12 months of post-secondary education for you, your spouse, or your dependent, provided you submit the bills from the educational institution, periods covered, and proof of dependent status, if applicable;
- (4) prevention of eviction or foreclosure on the mortgage from the primary residence, provided you submit a written eviction notice or past due bill from landlord;
- (5) funeral expenses for family members, provided you submit a bill including the name of the deceased and relationship to you;
- (6) utility disconnection at your primary residence for necessary utilities such as gas, heat, electricity, and water; provided you submit a shut-off notice;
- (7) repairs to your primary residence considered necessary to avoid dangerous living conditions, provided you submit a repair bill or estimate; and
- (8) delinquent court-ordered child support or alimony, provided you submit a copy of the past-due notice.

The additional distribution amount will not exceed the amount needed to satisfy the financial obligation.

**If you become incapacitated.** If you are unable to care for your personal affairs because of mental or physical incapacity, the Trustees may authorize that your Vacation Account balance be paid to a person with power of attorney, a legal guardian, committee, legal representative, institution maintaining or having custody of you, or any other person the Trustees determine is entitled to payment.

**If you die.** You have the right to name a **Beneficiary** to receive the undistributed proceeds in your Vacation Account in the event you die. You may name anyone you wish as your Beneficiary and you may change your Beneficiary at any time. However, a change in Beneficiary will not be valid unless it is received by the Fund Office before your death. To name or change a Beneficiary, contact the Fund Office for a "Beneficiary Designation Form."



### **Keep in Touch**

**Make sure the Fund Office has your current address and telephone number. Don't forget to send a change of address if you move.**

Your Beneficiary may be asked to provide proof of your death. The Fund will accept an original death certificate as proof of death. Payment of your remaining Vacation Benefits will be made to your Beneficiary in one lump sum as soon as administratively possible after proof of your death is submitted.

Your designated Beneficiary will be ineligible for Vacation Benefits that were accrued but were forfeited due to a finding that you violated the terms of the Vacation Benefits Program. Please see the next section for more information.

## **Fraud/Working Off the Books**

If you are determined by the Board of Trustees to have worked off the books for a Contributing Employer, or to have assisted, aided or abetted a Contributing Employer in defrauding the Fund, you will forfeit one year of Vacation Benefits. The one-year period will begin from the date of the determination that you engaged in the fraudulent practice. Additionally, any Vacation Benefits recovered by the Fund from a Contributing Employer relating to any period that you were determined to have worked off the books for that Contributing Employer shall be forfeited irrespective of the date such contributions are recovered by the Fund. You may appeal the denial of benefits through the normal appeals process that is detailed in this Summary. Finally, Beneficiaries will also be ineligible for those Vacation Benefits that were forfeited due to a finding that you violated the terms of the Fund.

In addition, if you commit a fraudulent act which results in your receiving a vacation payment that you are not entitled to (e.g., altering a check or knowingly cashing a voided check), you will forfeit all of your Vacation Benefits until the amount fraudulently obtained is repaid with interest. The Fund reserves the right to pursue any and all remedies permitted by law, but not limited to, criminal prosecution.

## **How to File a Claim**

To file a claim for benefits under the Fund, you must complete and submit a Vacation Benefits claim form. The claim form must be filed within 36 months after the Vacation Benefits become payable. The Fund Office will tell you what information or documentation it will require to process your claim. Claims should be submitted to:

New York City District Council of Carpenters Welfare Fund  
Vacation Benefits Program  
395 Hudson Street  
New York, NY 10014

Within 90 days after receiving a claim, the Fund will decide whether the claim is approved or denied. In some instances, it may not be possible for a decision to be made on your claim within 90 days, in which case the Fund may take up to an additional 90 days to consider your claim. Before the end of the initial 90-day period, you will receive a written notice explaining the reason for the extension and telling you the date by which the Fund expects to make a decision.



## **If a Claim Is Denied**

If your claim is denied, in whole or in part, the Fund Office will send you a written explanation stating the reason for the denial and the Fund provisions on which the denial is based. The Fund will also advise you of any additional information you may submit that may enable your claim to be approved, and an explanation of why such information is necessary. Furthermore, the Fund Office will send you a description of the Fund's review procedures and the time limits applicable to such procedures, including a statement of your right to bring a civil action under the Employee Retirement Income Security Act of 1974 (ERISA) following an adverse decision on your appeal.

You must submit a written request for an appeal to the Trustees within 180 days of the date you receive notice that your claim has been denied. The Fund Office will provide you, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to your claim. You may also submit information, documents, records, and comments in writing. The Trustees will give your claim a full and fair review, which will take into account all comments, documents, records, and other information submitted by you relating to your claim, without regard to whether such information was submitted or considered in the initial benefit determination.

The Trustees will make a decision on your appeal within 60 days after they receive your written request for an appeal. However, if special circumstances require an extension of time, the decision may take up to 120 days. In this case, you will receive a written extension notice that describes the special circumstances requiring an extension and that gives the date by which the Trustees expect to render a decision on appeal. When the Trustees reach a decision, you will receive a written notice stating the reason for the decision and the Fund provisions on which the decision is based. You will also receive, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to your claim. The decision will be final and binding on all parties. In the case of a denial, the notice you receive will also describe your right to bring a civil action under ERISA.

## **Fund Amendment and Termination**

The Trustees of the Welfare Fund have the authority to amend or terminate the Fund at any time and for any reason. You will be notified if the Vacation Benefits Program terms are amended or if the Program is terminated; however, the change may be effective before a notice is delivered to you.

If the Vacation Benefits Program is ever terminated, you will receive a distribution of your Vacation Account. To the extent permitted by law, any excess amounts will be distributed by the Trustees among the participants in a manner that is deemed by the Trustees to be in the best interests of all Fund participants.

### **Unclaimed Benefits**

If the Fund Office is unable to locate someone to whom Vacation Benefits are due, then the benefits due that individual will be canceled after one year, in accordance with procedures described fully in the Fund document. However, the Fund document also has a provision for the reinstatement of any such canceled benefits if the person later notifies the Fund Office of his or her whereabouts and requests payment.

### **Vacation Benefits Program Interpretation**

The Trustees have the sole and absolute discretionary authority to interpret the terms of the Welfare Fund and the Vacation Benefits Program, determine benefit eligibility, and resolve ambiguities or inconsistencies.

## FREQUENTLY ASKED QUESTIONS

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**Q) Who is eligible to participate in the Vacation Benefits Program?**

- A) You are eligible to participate if you are working in Covered Employment for an employer who is required to make contributions to the Welfare Fund for Vacation Benefits on your behalf.

**Q) Do I have to make contributions to the Welfare Fund for Vacation Benefits?**

- A) No. Your employer makes all contributions to the Welfare Fund for Vacation Benefits. All contributions are deposited to a Vacation Account set up in your name.

**Q) How much money do I receive in Vacation Benefits?**

- A) You will receive the contributions made to your Vacation Account, minus Assessments that you authorize and administrative expenses of the Fund. Your Vacation Account does not pay interest.

**Q) When are Vacation Benefits paid?**

- A) Vacation Benefits Program checks are mailed out four times a year, generally in March, June, September and December. In addition, you may be eligible for one off-cycle distribution per year based on your financial obligations. Please see pages 2 and 3 of this booklet for more information.

**Q) Can I lose the right to receive benefits from my Vacation Account?**

- A) Yes. You are always 100% vested in the contributions that are made to your Vacation Account, unless fraud is committed. If you die before all of your Vacation Benefits have been paid, any remaining money in your Vacation Account will be paid to your Beneficiary (with one exception; see the "If you die" section on page 3 for more information). However, your Vacation Benefits may be suspended or forfeited if you commit fraud. See the "Fraud/Working Off the Books" section on page 4 for more information.

**Q) Do I have to pay income taxes on my Vacation Benefits?**

- A) Yes. Your Vacation Benefits are taxable as ordinary income. Vacation Benefits are subject to income tax withholding and are included on the W-2 Form that is sent to you each year in January from your employers.

**Q) What happens to money in my Vacation Account if I die without a Beneficiary?**

- A) Since you are 100% vested (unless fraud is committed), any money in your Vacation Account will be paid. If you do not have a Beneficiary, payments will be made in the following order:
- your surviving spouse, or, if none,
  - your children, in equal shares, or, if none,
  - your parents, in equal shares, or, if none,
  - your brothers and sisters, in equal shares, or, if none,
  - your estate.

**Q) Can my Vacation Benefits be subject to garnishment?**

- A) Yes. The Fund is required to honor any court order, garnishment or other final judgment of a court of law or the Internal Revenue Service, but only up to the amount that has accrued and has not been paid out at the time the garnishment is received.

## **YOUR RIGHTS UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)**

As a participant in the Welfare Fund, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Fund participants shall be entitled to:

### **Receive Information About Your Fund and Benefits**

- Examine, without charge, at the Fund Office and at other specified locations, such as work locations and Union halls, all documents governing the Welfare Fund, including the Summary Plan Description, Collective Bargaining Agreements, and a copy of the latest annual report (Form 5500 series) filed by the Fund with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration (formerly the Pension and Welfare Benefits Administration).
- Obtain, upon written request to the Fund Administrator, copies of documents governing the operation of the Fund, including Collective Bargaining Agreements, copies of the latest annual report (Form 5500 series) and an updated Summary Plan Description. The Fund Administrator may make a reasonable charge for the copies.
- Receive a summary of the Fund's annual financial report. The Trustees are required by law to furnish each participant with a copy of this summary annual report.

### **Prudent Actions by Fund Fiduciaries**

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

### **Enforce Your Rights**

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

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Fund documents or the latest annual report from the Fund and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Fund Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that Fund fiduciaries misuse the Fund's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

## **Assistance With Your Questions**

If you have any questions about your Vacation Benefits, you should contact the Fund Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Fund Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or:

Division of Technical Assistance and Inquiries  
Employee Benefits Security Administration  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

## PLAN FACTS

<b>Official Plan Name</b>	New York City District Council of Carpenters Welfare Fund
<b>Employer Identification Number (EIN)</b>	13-5615576
<b>Plan Number</b>	501
<b>Plan Year</b>	July 1–June 30
<b>Type of Plan</b>	Welfare benefit plan providing medical, hospital, prescription drug, dental, vision, hearing, scholarship, life insurance, accidental death and dismemberment insurance, disability insurance, and vacation benefits.
<b>Funding of Benefits</b>	All contributions to the Fund are made by employers in accordance with Collective Bargaining Agreements and participation agreements in force with the District Council or the Fund. These agreements require contributions to the Fund at fixed rates. A copy of any such agreement may be requested or examined at the Fund Office.
<b>Trust</b>	Contributions to the Fund are held in a trust under The Agreement and Declaration of Trust Establishing the New York City District Council of Carpenters Welfare Fund, which may be amended from time to time. The custodian for the Trust is The Bank of New York Mellon Corporation.
<b>Plan Administrator</b>	<p>The New York City District Council of Carpenters Welfare Fund is administered by a Board of Trustees composed of trustees designated by employer organizations and independent employers and designated by the District Council. Their names appear on page 11. The office of the Board of Trustees may be contacted at:</p> <p>Board of Trustees New York City District Council of Carpenters Welfare Fund 395 Hudson Street New York, NY 10014 212-366-7300</p>
<b>Plan Sponsor</b>	<p>The New York City District Council of Carpenters Welfare Fund is sponsored by the Board of Trustees. The office of the Board of Trustees may be contacted at:</p> <p>Board of Trustees New York City District Council of Carpenters Welfare Fund 395 Hudson Street New York, NY 10014 212-366-7300</p>
<b>Trustees</b>	<p>Board of Trustees New York City District Council of Carpenters Welfare Fund 395 Hudson Street New York, NY 10014 212-366-7300</p>
<b>Participating Employers</b>	The Fund will provide you, upon written request, with information as to whether a particular employer is contributing to the Welfare Fund for Vacation Benefits on behalf of employees, as well as the address of such employer. Additionally, a complete list of employers and Unions participating in the Welfare Fund may be obtained upon written request to the Fund Office and is available for examination at the Fund Office.
<b>Agent for Service of Legal Process</b>	<p>Executive Director New York City District Council of Carpenters Welfare Fund 395 Hudson Street New York, NY 10014</p> <p>Legal process may also be served on the Fund Administrator, the individual Trustees, any insurer of benefits, or, with regard to any such insurer, the supervisory official of the local state insurance department.</p>

## MEMBERS OF THE BOARD OF TRUSTEES

### Trustees Designated by District Council

	Title	Address
<b>Frank G. Spencer</b>	Trustee United Brotherhood of Carpenters and Joiners of America	14 Kings Highway, West P.O. Box 375 Haddonfield, NJ 08033
<b>John Ballantyne</b>	Trustee United Brotherhood of Carpenters and Joiners of America	395 Hudson Street New York, NY 10014
<b>Douglas J. McCarron</b>	Trustee United Brotherhood of Carpenters and Joiners of America	101 Constitution Avenue, N.W. Washington, D.C. 20001
<b>Paul Tyznar</b>	Trustee United Brotherhood of Carpenters and Joiners of America	Local Union 45 214-38 Hillside Avenue Queens Village, NY 11427

### Trustees Designated by Employers and Employer Organizations

	Employer Association	Address
<b>Bryan M. Winter</b>	Trustee The Cement League	The Cement League 49 West 45th Street Suite 900 New York, NY 10036
<b>John DeLollis</b>	Trustee Association of Wall-Ceiling and Carpentry Industries of New York, Inc.	The Association of Wall-Ceiling and Carpentry Industries of New York, Inc. 125 Jericho Turnpike Suite 301 Jericho, NY 11753
<b>Catherine Condon</b>	Trustee Manufacturing Woodworkers Association of Greater New York	c/o New York City District Council of Carpenters Fund Office 395 Hudson Street New York, NY 10014
<b>David T. Meberg</b>	Trustee Greater New York Floor Coverers Association	Consolidated Carpet Trade 45 West 25th Street 8th Floor New York, NY 10010
<b>Paul O'Brien</b>	Trustee Building Contractors Association	Building Contractors Association 451 Park Avenue South 4th Floor New York, NY 10016
<b>Kevin O'Callaghan</b>	Trustee The Hoist Trade Association of New York, Inc.	Universal Builders Supply, Inc. 27 Horton Avenue New Rochelle, NY 10801

## GLOSSARY

There are a number of words and phrases that have a specific meaning when used to describe your Welfare Fund for Vacation Benefits. All words appear in **bold** the first time they are used in this Summary Plan Description and are defined in the chart below:

<b>Assessment</b>	Assessments are amounts you authorize and direct the Fund to deduct from your Vacation Benefits that will be remitted to the Union.
<b>Beneficiary</b>	Your Beneficiary is the person(s) or entity you name to receive any Vacation Benefits that are paid after you die.
<b>Collective Bargaining Agreement</b>	A Collective Bargaining Agreement is a written agreement between your employer and the Union.
<b>Contributing Employer</b>	A Contributing Employer is an employer who is bound to a Collective Bargaining Agreement with the Union, and is contributing to the Welfare Fund for Vacation Benefits.
<b>Covered Employment</b>	Any work you perform under a Collective Bargaining Agreement between your employer and the Union is Covered Employment. Your hours of Covered Employment are the basis for determining the amount of contributions made to the Welfare Fund for Vacation Benefits on your behalf.
<b>Union</b>	The term "Union" refers to the New York City District Council of Carpenters and the local unions of the United Brotherhood of Carpenters and Joiners of America, affiliated with the New York City District Council of Carpenters.
<b>Vacation Account</b>	Your Vacation Account is an account established in your name under the Welfare Fund to maintain a record of contributions made and hours reported by your employers for Vacation Benefits.
<b>Vacation Benefits</b>	Your Vacation Benefits are the amount of money you are entitled to be paid each quarter from your Vacation Account. Your Vacation Benefits are determined by adding the total amount of vacation contributions made to your account and subtracting the Assessments that you authorize to be paid to the Union, the administrative expenses of the Fund, and any forfeited benefits due to fraud.



**NOTES**

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## NOTES

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