

ADMINISTRATION OFFICE
SHEET METAL WORKERS LOCAL NO. 110
HEALTH FUND

609 3rd Avenue
Chesapeake, OH 45619

**SUMMARY OF MATERIAL MODIFICATION
2000 EDITION**

December 29, 2004

TO: ALL ACTIVE EMPLOYEES

**RE: SUMMARY OF MATERIAL MODIFICATION
FITNESS BENEFIT**

FROM: BOARD OF TRUSTEES

Attached is a benefit enhancement made to your Self-Funded Summary Plan Description and Benefit Plan Booklet.

THIS AMENDMENT DETAILING THE CHANGES MADE SHOULD BE ATTACHED TO YOUR SUMMARY PLAN DESCRIPTION BOOKLET; AS CHANGES ARE A PART OF YOUR PLAN.

Effective January 1, 2005 the Summary Plan Description 2000 Edition is amended.

**FITNESS BENEFIT
(Member Only)**

The Fitness Benefit provides up to \$150 you can use toward membership at a qualified health club. You may claim your \$150 Fitness Benefit if you are eligible and have made payment to a health club, this is a calendar year benefit.

The facility you choose must have a vast array of cardiovascular and strength-training exercise equipment, such as traditional health clubs and YMCA's.

Health clubs, which do not qualify, include martial arts centers, country clubs, tennis or pool-only facilities, social clubs, or sports teams and leagues.

The following documents will be required to be submitted:

- Fitness Benefit Form-answer all questions.
- Dated, original receipts from your health club, or copies of bank or credit card statements if you pay by electronic fund transfer, showing:
 - Member's Name
 - Individual Charge for the health club membership.
- A copy of your health club agreement or contract, showing the name and address of the health club, which includes beginning and ending dates of the membership.

Be sure to check with your physician before getting started in an exercise program.

SHEET METAL WORKERS LOCAL NO. 110 HEALTH FUND

609 3rd Avenue
Chesapeake, OH 45619

800/296-5160 Telephone • 304/525-6005 Fax

FITNESS BENEFIT FORM Member Only

PLEASE PRINT ALL INFORMATION CLEARLY

MEMBER INFORMATION

SOCIAL SECURITY NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>
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LAST NAME

FIRST NAME

MIDDLE INITIAL

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ADDRESS-NUMBER AND STREET

CITY

STATE

ZIP

WHEN TO SUBMIT THIS FORM

**Once per calendar year.*

CLUB INFORMATION REQUIRED

(Attach itemized receipt and copy of your health club contract.)

Name and Address of Health Club	Benefit Year*	Amount Charged
<input type="text"/>	<input type="text"/>	<input type="text"/>

**12-month period beginning January 1 and ending December 31*

CERTIFICATION AND AUTHORIZATION (This form must be signed and dated below.)

I authorize the release of any information to Sheet Metal Workers Local No. 110 Health Fund about my health club membership. I certify the information provided in support of this submission is complete and correct and I have not previously submitted for these services.

Member's Signature

Date