



WISCONSIN LABORERS' HEALTH FUND

Feel the Power

Wisconsin Laborers' Health Fund
4633 LIUNA Way, Suite 201
DeForest, WI 53532-2510
Claims 608-842-9101
Eligibility 608-842-9102

ANNOUNCING IMPORTANT PLAN CHANGES

Date: April 2026

To: Retired Employees and Eligible Dependents Participating in the Wisconsin Laborers' Health Fund

From: The Board of Trustees

Improvement to Retiree In-and-Out Program – Effective May 1, 2025

As Trustees of the Wisconsin Laborers' Health Fund (the "Fund" or the "Plan"), we are announcing an improvement to the Retiree In-and-Out Program described on page 26 of your Summary Plan Description. This change is effective May 1, 2025:

- **A new option to reinstate Retiree coverage after divorce or the death of a Spouse or Domestic Partner is available.**

Currently, if you are a Retired Employee, and you or your Spouse or Domestic Partner (or your Surviving Spouse or Domestic Partner) have coverage under another health plan when you become Eligible for the Retiree Plan, you have a one-time opportunity to postpone or suspend Retiree coverage under the Health Fund. Once your other coverage ends, or if you are solely covered by government health benefits and you file a written application with the Fund Office, you may resume coverage under the Fund. You generally may only opt back into the Plan one-time.

Under certain circumstances, effective May 1, 2025, you may become Eligible for the Retiree Plan if your coverage ends under another health plan due to the death of a spouse or a Domestic Partner, or divorce, dissolution or termination of the marriage or domestic partnership. This option to reinstate coverage applies and may be exercised at any time, even if you have previously exercised your one-time option to postpone or suspend Retiree coverage.

To reinstate coverage, you must:

- (1) File a written application for Fund coverage. The Fund Office must receive your application within the 60 days following termination of your coverage under the other health plan or if your other coverage has been solely under governmental health benefits, any time while those benefits are in effect;
- (2) Provide proof that you were continuously covered by the other health plan since the date you elected to suspend or defer your Wisconsin Laborers' coverage; and

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- (3) Make the required Fund premium payment to maintain coverage.

Questions?

If you have questions, contact the Fund Office at the address and telephone number shown at the top of this announcement.

This announcement, which serves as a Summary of Material Modification, contains only highlights of recent changes to the Wisconsin Laborers' Health Fund. Please file this announcement with your Plan-related documents for easy reference. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.