



SUMMARY of APPEAL PROCEDURES for DISABILITY PENSIONS

Laborers' District Council and Contractors' Pension Fund of Ohio

800 Hillsdowne Road
Westerville, OH 43081-3302

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This is only a summary of the "Claims Procedure for Disability Pensions" as stated in the Laborers' District Council and Contractors' Pension Fund of Ohio Plan Document. If you wish to receive the procedures in their entirety, please contact the Pension Department.

Purpose:

The procedures set forth below must be used in resolving any dispute regarding the denial in whole or in part of any application for Disability Pension benefits.

Procedure:

Within 180 days after an adverse benefit determination, the Claimant (*Participant, Beneficiary, or other person claiming benefits through or on behalf of such Participant*) must submit a written letter of appeal to the following address:

Board of Trustees, LDC&C Pension Fund of Ohio
Attn: Denise Sikes, Benefits Manager
800 Hillsdowne Road
Westerville, OH 43081-3302

The letter of appeal should include the reason(s) for making the claim, any facts or documentation or records supporting the claim, the name and address of the claimant, and any written comments or other information relating to such claim.

Within 45 days after the submission of the written appeal, the Trustees shall render a determination on the appeal of the claim in writing. If special circumstances require a delay in the decision, the Trustees shall notify the claimant of the reasons for the delay within the 45-day period. A delayed decision shall be issued no later than 90 days after the date the Trustees receive a request for review. The plan shall notify the claimant on the decision within five (5) days of the date the decision is made. All adverse determinations on review shall be final and binding on all parties and not subject to further review or appeal unless new and compelling evidence is received with a new letter of appeal within thirty (30) days after the initial denial.

At the end of the appeals process, you have the right to file a lawsuit under Section 502(a) of ERISA. You have no right to file a lawsuit until such time you exhaust the Fund's appeal procedures. A Participant shall forever waive his right to file a lawsuit, or bring any claims against the Plan or its fiduciaries with respect to any adverse benefit determination, including any appeals determination, unless the Participant files a lawsuit within 180 days of receipt of the final determination from the Plan. If a Participant elects to file a second, voluntary appeal, then the Participant's time within which to file a lawsuit or bring any claims shall commence upon receipt of the second appeal determination.

Additional Information:

In connection with such review, such Claimant, or duly authorized representative thereof (including legal counsel), shall be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimants claim for benefits.