

AMENDMENT NO. 1
TO THE AIRCONDITIONING AND
REFRIGERATION INDUSTRY RETIREMENT TRUST FUND
(Restated February 21, 2006)

Effective May 16, 2006, the Airconditioning and Refrigeration Industry Retirement Trust Fund is amended as set forth below:

1. The second bullet under paragraph (a) of Section 5.2 is revised to read as follows:

“Teaching air conditioning and refrigeration in a high school, junior college, public or private occupational school and full-time at United Association Training Centers.”

2. Section 6.3 is amended in its entirety to read as follows:

“SECTION 6.3 CLAIMS AND APPEALS PROCEDURES.

- (a) **Claims and Appeals Procedures for Benefits Other Than a Disability Pension.**

- (1) **Initial Benefit Determination.**

- (A) Applications for benefits under the Plan are reviewed by the Trust Office. If an application for benefits other than a Disability Pension is denied in whole or in part, the claimant will be notified within ninety (90) days after receipt of the claimant's application by the Plan, unless special circumstances beyond the control of the Plan require an extension of time for processing the claim. If such an extension is required, the claimant will be given written notice prior to the termination of the initial 90-day period. In no event shall such extension exceed a period of ninety (90) days from the end of such initial period. The extension notice shall indicate the special circumstances requiring an extension of time and the date by which the Plan expects to render a decision regarding the application for benefits.

The period of time within which a benefit determination is required to be made shall begin at the time a claim is filed in accordance with the reasonable procedures of the Plan, without regard to whether all the information necessary to make a benefit determination accompanies the filing.

- (B) Notice that a claimant's application for benefits has been denied will:
 - (i) State the specific reason(s) for the denial;
 - (ii) Refer to the specific Plan provisions on which the determination is based;

- (iii) Describe any additional material or information necessary for the claimant to perfect the claim with an explanation why such material or information is necessary;
- (iv) Describe the Plan's review procedures and the time limits applicable to such procedures; and
- (v) Set forth a statement that, if the claimant appeals the decision of the Benefits Committee and the appeal is denied, the claimant has the right to bring a civil action under Section 502(a) of ERISA.

(2) Review by Appeals Committee.

- (A) If an application for benefits other than a Disability Pension is denied by the Trust Office, the claimant, or a representative appointed by the claimant, may file an appeal to the Appeals Committee, which is a committee of the Board of Trustees of the Plan whose members are appointed by the Board. The claimant's appeal must be in writing and must state the reason or reasons for disagreement with the Trust Office's initial benefit determination. The appeal must be filed with the Trust Office within sixty (60) days after the claimant receives notice of the benefit denial. The Plan may consider a late application if it concludes the delay in filing was for reasonable cause.

The appeal procedure will:

- (i) Provide the claimant the opportunity to submit written comments, documents, records, and other information relating to the claimant's application for benefits.
- (ii) Provide the claimant, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim. Whether a document is "relevant" will be determined in accordance with ERISA Regulation Section 2560.503-1(m)(8).
- (iii) Take into account all comments, documents, records, and other information the claimant may submit relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination.

The claimant may also request that the claimant and/or the claimant's authorized representative be allowed to appear before the Appeals Committee when it considers the appeal.

The Appeals Committee holds a regularly scheduled meeting at least quarterly. The Appeals Committee will make a determination regarding an appeal no later than the date of the first such meeting which occurs at least thirty (30) days following receipt of the appeal; but if special circumstances require an extension of time for processing, the benefit determination shall be rendered not later than the third meeting following receipt of the request. The claimant shall be notified of the benefit

determination as soon as possible, but not later than five (5) days after the benefit determination is made.

Whenever special circumstances require an extension of time for processing, written notice of the extension shall be furnished to the claimant before the extension period begins. Such notice shall describe the special circumstances and the date as of which the benefit determination will be made.

The period of time within which a benefit determination regarding an appeal is required to be made shall begin at the time an appeal is filed in accordance with the reasonable procedures of the Plan, without regard to whether all the information necessary to make a benefit determination accompanies the filing. In the event that a period of time is extended due to a claimant's failure to submit information necessary to decide a claim, the period for making the benefit determination shall be tolled from the date on which the notification of the extension is sent to the claimant until the date on which the claimant responds to the request for additional information.

- (B) The claimant will be provided with written notification of the Plan's determination regarding the appeal. If the appeal is denied, notice of the denial will:
 - (i) State the specific reason(s) for the denial;
 - (ii) Refer to the specific Plan provisions on which the determination is based;
 - (iii) State that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits.
 - (iv) Set forth a statement that the claimant has the right to bring a civil action under Section 502(a) of ERISA.

(b) Claims and Appeals Procedures for Disability Pensions

(1) Initial Benefit Determination

- (A) Applications for Disability Pensions under the Plan are reviewed by the Trust Office. If an application for a Disability Pension is denied in whole or in part, the claimant will be notified within forty-five (45) days after receipt of the claimant's application by the Plan, unless special circumstances beyond the control of the Plan require an extension of time for processing the claim. If such an extension is required, the claimant will be given written notice prior to the termination of the initial 45-day period. In no event shall such extension exceed a period of thirty (30) days from the end of such initial period. If, prior to the end of the initial 30-day extension period, the Trust Office determines that due to special circumstances beyond the Plan's control a decision cannot be rendered

within that extension period, the period for making the determination may be extended for up to an additional thirty (30) days, provided the Plan notifies the claimant, prior to the end of the first 30-day extension period, of the circumstances requiring the extension and the date as of which the Plan expects to render a decision. In the case of any extension under this paragraph, the notice of extension shall specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim, and the additional information needed to resolve those issue, and the claimant shall have at least 45 days within which to provide the specified information.

The period of time within which a benefit determination is required to be made shall begin at the time a claim is filed in accordance with the reasonable procedures of the Plan, without regard to whether all the information necessary to make a benefit determination accompanies the filing. In the event that a period of time is extended due to a claimant's failure to submit information necessary to decide a claim, the period for making the benefit determination shall be tolled from the date on which the notification of the extension is sent to the claimant until the date on which the claimant responds to the request for additional information.

- (B) Notice that a claimant's application for a Disability Pension has been denied will:
- (i) State the specific reason(s) for the denial;
 - (ii) Refer to the specific Plan provisions on which the determination is based;
 - (iii) Describe any additional material or information necessary for the claimant to perfect the claim with an explanation why such material or information is necessary;
 - (iv) Describe the Plan's review procedures and the time limits applicable to such procedures; and
 - (v) Set forth a statement that, if the claimant appeals the decision of the Benefits Committee and the appeal is denied, the claimant has the right to bring a civil action under Section 502(a) of ERISA.
 - (vi) If an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, the notice shall contain either the specific rule, guideline, protocol, or other similar criterion; or a statement that such a rule guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of such rule, guideline, protocol, or other criterion will be provided free of charge to the claimant upon request; and
 - (vii) If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, the notice shall either give an explanation of the scientific or clinical

judgment for the determination, applying the terms of the Plan to the claimant's medical circumstances, or state that such explanation will be provided free of charge upon request.

(2) **Review by Appeals Committee.**

- (A) If an application for a Disability Pension is denied by the Trust Office, the claimant, or a representative appointed by the claimant, may file an appeal to the Appeals Committee, which is a Committee of the Board of Trustees of the Plan whose members are appointed by the Board. The claimant's appeal must be in writing and must state the reason or reasons for disagreement with the Trust Office's initial benefit determination. The appeal must be filed with the Trust Office within one hundred eighty (180) days after the claimant receives notice of the benefit denial. The Plan may consider a late application if it concludes the delay in filing was for reasonable cause.

The review procedure shall:

- (i) Provide the claimant the opportunity to submit written comments, documents, records, and other information relating to the claimant's application for benefits.
- (ii) Provide the claimant, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim. Whether a document is "relevant" will be determined in accordance with ERISA Regulation Section 2560.503-1(m)(8).
- (iii) Take into account all comments, documents, records, and other information the claimant may submit relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination.
- (iv) Provide for a review that does not afford deference to the initial adverse benefit determination and that is conducted by an appropriate named fiduciary of the Plan who is neither the individual who made the adverse benefit determination that is subject to the appeal, nor the subordinate of such individual;
- (v) Provide that, in deciding an appeal of any adverse benefit determination that is based in whole or in part on a medical judgment, including determinations with regard to whether a particular treatment, drug, or other item is experimental, investigational, or not medically necessary or appropriate, the appropriate named fiduciary shall consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment;
- (vi) Provide for the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claimant's adverse benefit determination, without regard to

whether the advice was relied upon in making the benefit determination; and

- (vii) Provide that the health care professional engaged for purposes of a consultation under paragraph 6.3(b)(2)(A)(v) above shall be an individual who is neither an individual who was consulted in connection with the adverse benefit determination that is the subject of the appeal, nor the subordinate of any such individual.

The claimant may also request that the claimant and/or the claimant's authorized representative be allowed to appear before the Appeals Committee when it considers the appeal.

The Appeals Committee holds a regularly scheduled meeting at least quarterly. The Appeals Committee will make a determination regarding an appeal no later than the date of the first such meeting which occurs at least thirty (30) days following receipt of the appeal; but if special circumstances require an extension of time for processing, the benefit determination shall be rendered not later than the third meeting following receipt of the request. The claimant shall be notified of the benefit determination as soon as possible, but not later than five (5) days after the benefit determination is made.

Whenever special circumstances require an extension of time for processing, written notice of the extension shall be furnished to the claimant before the extension period begins. Such notice shall describe the special circumstances and the date as of which the benefit determination will be made.

The period of time within which a benefit determination on review is required to be made shall begin at the time an appeal is filed in accordance with the reasonable procedures of the Plan, without regard to whether all the information necessary to make a benefit determination on review accompanies the filing. In the event that a period of time is extended due to a claimant's failure to submit information necessary to decide a claim, the period for making the benefit determination on review shall be tolled from the date on which the notification of the extension is sent to the claimant until the date on which the claimant responds to the request for additional information.

- (B) The claimant will be provided with written notification of the Plan's determination regarding the appeal. If the appeal is denied, notice of the denial will:
 - (i) State the specific reason or reasons for the adverse determination;
 - (ii) Refer to the specific Plan provisions on which the determination is based;
 - (iii) State that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents,

records, and other information relevant to the claimant's claim for benefits;

- (iv) State that the claimant has the right to bring an action under Section 502(a) of ERISA;
- (v) If an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or other similar criterion; or a statement that such a rule guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of such rule, guideline, protocol, or other criterion will be provided free of charge to the claimant upon request;
- (vi) If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request; and
- (vii) The following statement: "You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency."

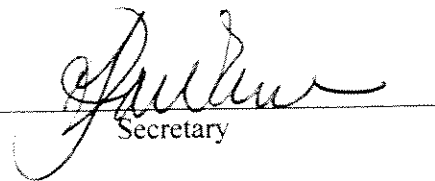
The decision of the Appeals Committee with respect to any appeal shall be final and binding upon all parties, including the claimant and any person representing the claimant. This appeals procedure shall be the sole and exclusive procedure available to an individual who is dissatisfied with a decision of any kind relating to an application for benefits. The Plan's appeals procedures must be exhausted before the claimant can avail himself or herself of any procedure outside of the rules and regulations of the Plan."

CERTIFICATE OF ADOPTION OF AMENDMENT

The undersigned Chairman and Secretary of the Board of Trustees of the Airconditioning and Refrigeration Industry Retirement Trust Fund do hereby certify that the foregoing Amendment No. 1 was duly adopted by the Board of Trustees at a meeting duly called and held on May 16, 2006.



Chairman



Secretary