

SUMMARY PLAN DESCRIPTION

WESTERN CONFERENCE OF TEAMSTERS LEGAL SERVICES TRUST FUND

Effective May 2015



www.teamsterlegal.com

**WESTERN CONFERENCE OF TEAMSTERS
LEGAL SERVICES TRUST FUND**

P.O. Box 2340

Stockton, CA 95201

(209) 940-5250

(800) 222-3024 – within California

(800) 222-3025 – outside California

TRUSTEES

Employee

Mr. Andrew Marshall
Teamsters Local No. 104
1450 S. 27th Avenue
Phoenix, AZ 85009

Mr. Thomas Monthey
P.O. Box 2340
Stockton, CA 95201

Employer

Mr. Daniel Guerrero - United Parcel Service
1201 W. Olympic Blvd.
Los Angeles, CA 90015

Mr. John Ernest – United Parcel Service
3150 North 31st Ave.
Phoenix, AZ 85017

PLAN ADMINISTRATOR

Delta Fund Administrators
P.O. Box 2340
Stockton, CA 95201

GENERAL COUNSEL

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Walnut Creek, CA 94596

**WESTERN CONFERENCE OF TEAMSTERS
LEGAL SERVICES
TRUST FUND SUMMARY PLAN DESCRIPTION**

TO ALL PARTICIPANTS:

This booklet contains a summary of the benefits provided by the Western Conference of Teamsters Legal Services Trust Plan. We hope that it answers your questions about the Plan. If you still have questions after reading this booklet, please contact the Plan Administrator.

The Plan was established to provide legal services to Plan participants and their eligible dependents. We believe that many people who encounter problems in their daily lives that require the professional opinion of an attorney are unable to obtain legal advice because of cost considerations. The Plan was designed to help with this problem.

Certain law firms have been selected by the Western Conference of Teamsters Legal Services Trust Fund to provide legal services under the Plan. In making these selections, consideration has been given to the location of your residence. If legal services are required outside your area, contact the Plan Administrator for advice and assistance.

Strict confidentiality will exist in any matter handled by an attorney providing legal services under the Plan. The Trust Fund will not interfere with the attorney-client relationship. A computerized program has been developed to insure confidentiality in matters handled by attorneys providing legal services under the Plan while allowing the Plan Administrator to monitor benefits payments.

“Este folleto contiene un resumen en español de sus derechos y beneficios bajo el plan bajo el Western Conference of Teamsters Legal Services Trust Plan. Si usted tiene alguna dificultad con entender cualquier parte de este folleto, comuníquese con Delta Fund Administrators, el Administrador del Plan, al (800) 222-3024 – dentro de California (800) 222-3025 – fuera de California. El horario de la oficina es de 8 A.M. a 5 P.M. PST el Lunes a Viernes.”

Andrew Marshall and Thomas Monthey,
Union Trustees

Daniel Guerrero and John Ernest,
Employer Trustees

I. INTRODUCTION ABOUT THE PLAN AND THIS SUMMARY

The Trustees of the Western Conference of Teamsters Legal Services Trust Fund recognize that union members may be hesitant to use the services of an attorney because of concern about legal fees. Under this Plan, legal fees are paid on the basis of a schedule established by the Board of Trustees and accepted by participating attorneys. The Trustees urge you to take full advantage of the opportunity to have an attorney on your side.

The purpose of this Summary Plan Description is to help you better understand your Plan benefits. This Summary does not contain every detail of the Plan and does not constitute a contract. The full texts of the Plan and the Trust Agreement, and not this summary, are the controlling documents at all times. If you have specific questions concerning the Plan, it is available for your review at the Plan Administrator's Office, where qualified personnel will be happy to answer your questions.

When this document uses the word "you" it is referring to an employee who is eligible for benefits under this Plan based on contributions made to the Fund by his or her employer.

II. ELIGIBILITY - WHO IS ELIGIBLE? WHEN DOES COVERAGE BEGIN? HOW LONG DOES COVERAGE CONTINUE?

A. ELIGIBILITY

UNITED PARCEL SERVICE EMPLOYEES

Coverage is available to regular full-time and part-time employees for the month two months after each month of work for which contributions have been paid to the Western Conference of Teamsters Legal Services Trust Fund in accordance with a collective bargaining agreement.

NON-UNITED PARCEL SERVICE EMPLOYEES

Coverage is available to employees for the month two months after each month in which the employee has been compensated by an employer for at least eighty (80) hours and had contributions made to the Fund on his or her behalf.

B. TERMINATION OF COVERAGE - ALL EMPLOYEES

1. Upon termination of your employment with a contributing employer, coverage will end on the last day of the month two months after the last month for which contributions based on your employment are made to the Trust Fund, provided that any legal service already in progress shall continue in the same manner as though coverage were in effect.

2. If your coverage under the Plan would stop because you can no longer work as a result of an illness or injury, and your employer therefore stops making contributions to the Trust Fund for you, the Plan will provide benefits for three (3) months from the date coverage would otherwise stop.

Documentation of your illness or injury must be submitted to the Plan Administrator. Matters already in progress on the date coverage stops under this provision will be completed as described in paragraph 1 above.

3. Benefits for your dependents stop under the following circumstances:

- a. Benefits for all of your dependents stop when your coverage terminates,
- b. Benefits for your spouse stop when you become legally separated or divorced from your spouse.
- c. Benefits for your partner stop when your relationship with the individual who was your partner no longer satisfies every one of the criteria included in the Partnership Affidavit that must be completed before benefits are provided to your partner.
- d. Benefits for a child stop when the child marries or reaches age 19, or
- e. Benefits for any dependent stop when the dependent becomes eligible for benefits as an employee under the Plan.

4. If you die, your dependents remain eligible for three (3) months from the end of the month in which you die, except in matters involving your estate. With respect to your estate, coverage will continue beyond

the three (3) months so that your eligible dependents can use the probate and administration benefit in connection with your estate. Children who reach age 19 or marry within three months after your death are not eligible after the earlier of the date they reach age 19 or marry.

C. DEPENDENTS WHO ARE ELIGIBLE

An eligible dependent is someone related to the participant in one of the following ways:

1. Spouse: your legal husband or wife.
2. Partner: an individual of either gender with whom you co-habitate, and share an intimate and committed relationship of mutual caring, if the relationship satisfies the criteria in the Partnership Affidavit that must be completed before benefits will be provided. Partner includes, *but is not limited to*, your partner through civil union or registered domestic partnership.
3. Unmarried children under the age of 19 who:
 - a. Are your children by birth, legal adoption, or legal guardianship, who reside in your household and are dependent on you for financial support.
 - b. Are children of your spouse or partner, residing in your household and who are dependent on you for financial support.
 - c. Do not reside with you but for whom you have legal responsibility (e.g., children of divorced parents, children in training institutes, children in school).
4. Unmarried children over the age of 19 who became disabled before age 19 by a physical or mental condition, medically determined, which prevents the child from engaging in gainful activity and which can be expected to be of a long and indefinite duration, or result in death, provided that the child resides with you, and continues to be dependent on you for financial support.

D. PRE-EXISTING MATTERS

Certain matters that arose before you became eligible for coverage may be covered, provided that you or your eligible dependents have not consulted with an attorney before the effective date of coverage. Coverage of such pre-existing matters will be provided only at the discretion of the Trustees.

III. WHAT LEGAL SERVICES ARE COVERED?

Many legal problems confronting working men and women and their dependents are covered under the Plan. Subject to the limitations set forth in the Plan, the following legal services are provided for you and your eligible dependents. The term “participant family” may be used in this Summary Plan Description to refer to you and your eligible dependents.

A. ADMINISTRATIVE PROCEEDINGS

Availability of Benefit — This benefit is available to participant families on an “as needed” basis.

Benefits under this section include advice and representation in matters involving federal, state and local governmental agencies. Examples of some of these agencies and types of problems include:

- Internal Revenue Service - problems with income tax audits, negotiating arrangements for payment of delinquent federal income taxes, and delays in getting federal income tax refunds
- Immigration and Naturalization Service - assistance with green cards, applications, hearings, permits, including assistance regarding the parents and siblings of participant families. An immigration benefit is available only if twelve months have passed since the most recent immigration claim was assigned for the participant family.
- Veterans Administration - questions regarding disability or G.I. Bill benefits
- Social Security Administration - problems in applying for or receiving benefits, other than appeals from denial of Social Security Disability Insurance benefits
- Motor Vehicle Bureau - proceedings involving a driver’s license

- Taxing Authorities - problems with state or local agencies involving real or personal property assessments
- Crime Victims Compensation Bureau - assistance if you or your eligible dependent is the victim of a crime
- National Safety Transportation Board

B. ADVICE AND CONSULTATION — TELEPHONE AND OFFICE CONSULTATIONS

Availability of Benefit — This benefit is available to participant families up to a maximum of five (5) hours per calendar year.

In many instances an attorney can answer questions or provide assistance over the telephone or in a short office conference. This benefit allows you or your eligible dependent to contact an attorney about personal matters. For example, you may wish to contact an attorney about:

- Problems with neighbors
- Problems with insurance companies
- General family problems
- Potential civil actions not excluded from coverage by the Plan. These exclusions are described at Sections IV. A through Q of this Summary Plan Description
- Misdemeanor criminal matters other than Traffic Misdemeanors
- Legal check-ups, such as review of a contract for repairs to your home, or sale of personal property

The Western Conference of Teamsters Legal Services Trust Fund encourages the use of telephone and short office consultations in the hope that they may help to prevent more serious legal problems at a later date.

A Panel Attorney who has provided advice and consultation services is not required to represent you in that matter unless you and the Panel Attorney so agree. If you retain a Panel Attorney to represent you in a matter for which benefits are not available under the Plan, it is up to you and the Panel Attorney to determine the financial arrangements for that representation.

C. DISPUTES RELATED TO CONSUMER TRANSACTIONS

Availability of Benefit — This benefit is available to participant families on an “as needed” basis. However, no more than one benefit will be provided for a dispute regarding the same consumer transaction.

The Plan provides legal assistance regarding consumer disputes. This benefit includes situations in which you have purchased a service or item that was unsatisfactory and you want to enforce your right to good services or a defect-free product.

This benefit also provides legal assistance when a seller of goods or services is attempting to collect from you, but you are unwilling to pay because the product or service was not satisfactory. This benefit provides representation at all stages of the collection process.

Some examples of situations in which services are provided under this benefit are:

- Auto Repairs - problems with repairs that are unsatisfactory or exceed estimates or bids
- Home Remodeling or Repairs - problems with contractors who do not complete repairs or remodeling satisfactorily or attempt to overcharge
- Stuck with a Lemon - problems getting refunds or exchanges when you have purchased faulty merchandise
- Warranty Service - problems enforcing warranty provisions
- Creditor Claims - if someone who owes you money, services, or merchandise declares bankruptcy, this benefit provides assistance and representation in preparing and pursuing claims in the bankruptcy proceeding.

D. DEBT COLLECTION DEFENSE

Availability of Benefit - This benefit is available to participant families on an “as needed” basis. However, no more than one benefit will be provided regarding the same debt.

The Debt Collection Defense benefit is provided in situations where you have purchased a service or

item and, although you do not necessarily dispute that the service or item was satisfactory, you are unable to pay the debt on the terms presented, and you wish to negotiate a reduced repayment amount, or modified repayment terms. The Plan will not provide both a Consumer Transaction benefit and a Debt Collection Defense benefit with respect to the same debt.

E. CRIMINAL TRAFFIC MATTERS

Availability of Benefit — This benefit is available to participant families on the basis of one (1) proceeding per year. For example, if a member of the participant family uses the benefit, then the benefit is not available to any member of the participant family until twelve (12) consecutive months have passed from the date when the claim number was assigned.

Coverage under this benefit is provided for traffic misdemeanor defense, whether relating to adults or juveniles.

Coverage is provided for representation through arraignment and bail setting, entry of pleas, motions directed to the charge, appearances, hearings, trial and sentencing. Representation is also available to file a notice of appeal, but in no event will the benefit include an appeal of the action.

F. DOMESTIC RELATIONS

Availability of Benefit — In matters concerning divorce, termination, dissolution, separation and/or annulment, benefits are provided to you only if at least three (3) years have passed since the last time a claim number was assigned for you in any divorce, termination, dissolution, separation or annulment matter. Your dependents are not eligible for divorce, termination, dissolution, separation, and/or annulment benefits.

Matters generally covered under this benefit include representation, through trial, in connection with the filing of a petition for divorce, termination, separation or annulment, or a response to any such petition.

Benefits are available to you only, to seek, or resist, a modification of a divorce, termination, dissolution, separation, and/or annulment that was covered by the Plan, if there was an accidental error in the final

Order, such as where assets or debts were accidentally omitted from the Order. No more than one such benefit will be provided with respect to any divorce, termination of domestic partnership, dissolution, separation, or annulment.

In matters concerning adoption, paternity, guardianship, and/or juvenile delinquency petitions, benefits are available to a participant family if at least one (1) year has passed since a claim number was assigned for any member of the participant family for any such claim. Only services rendered by an attorney or paralegal are covered under this benefit. With the exception of limited benefits to offset the cost of investigation and guardian ad litem fees in connection with visitation, custody, and guardianship matters, fees and expenses, such as those charged by, an adoption agency, medical or psychological examiner, are not covered.

In support, custody, and visitation matters, including actions to enforce spousal support/maintenance, child support, custody, and visitation orders, benefits are not available to participants or their spouses or partners until at least two (2) years have passed since the closing of the last claim for any such matter, including any benefit for litigation of the matter, by either the participant or spouse/partner, and at least two (2) years have passed since the closing of the last claim for divorce, termination, dissolution, separation, or annulment including any benefit for litigation of the matter.

Individual support, custody, and visitation actions may be combined, and treated as one (1) action. If three (3) or more matters are combined (e.g., custody, visitation and support), benefits are available only if at least three (3) years have passed since the closing of the last claim for any such matter by either the participant, spouse or partner, and at least three (3) years have passed since the closing of the last claim for divorce, termination, dissolution, separation, or annulment, including any benefit for litigation of the matter. Dependents other than your spouse or partner are not eligible for support, custody or visitation benefits.

Benefits are provided to initiate or respond to proceedings to enforce obligations created in a

dissolution, termination, custody, support, or visitation order. This “contempt proceeding” benefit is available on a “one-time only” basis to a participant family. After any member of the participant family has opened a “contempt proceeding” matter, no member of the participant family may open another “contempt proceeding” matter, regardless of how much time has passed since the first “contempt proceeding” matter was opened.

Benefits are provided *to you only* to prepare a pre-nuptial or post-nuptial agreement. Benefits are available only if at least three years have elapsed since the last pre-nuptial or post-nuptial agreement claim number was assigned on your behalf.

G. PROBATE AND ADMINISTRATION

1. Wills and Estate Planning

Availability of Benefit — The wills and estate planning benefit is available to participant families once every two (2) years (that is, when twenty four months have passed since the last claim number was assigned) to any member of the participant family unless circumstances require that a new will be drawn or an existing will be changed. Benefits are available for Living Trusts once every three (3) years. The living trust benefit includes powers of attorney, pour-over will and deed transfers.

2. Probate and Administration of Estates

Availability of Benefit — The probate and administration benefit is available to participant families on an “as needed” basis.

The Plan provides representation, advice, and assistance to participants and their eligible dependents who are legally entitled to be appointed personal representative, executor, or administrator of the estate of any deceased person.

This benefit does not include extraordinary matters such as a contested proceeding to recover on a life insurance policy, or proceedings to contest the validity of a will or the disposition of estate assets.

No probate benefits will be available if the attorney receives fees from the decedent’s estate.

H. FINANCIAL COUNSELING

Availability of Benefit — This benefit includes the following coverage:

- Personal Bankruptcy under Chapter 7 or Chapter 13 of the Bankruptcy Code. A participant family may receive only one (1) Chapter 13 benefit every two (2) years, and one (1) Chapter 7 benefit every two (2) years (that is, when 24 months have passed since the last claim number was issued). Additional benefit amounts are available for representation in an examination of the debtor and for defense of an adversary proceeding during the bankruptcy.
- Out of Court Arrangements and Settlements whereby arrangements are made with creditors to modify debt amounts or repayment terms, without filing a bankruptcy petition. Benefits for out of court arrangements and settlements are available on an “as needed” basis.

I. LANDLORD AND TENANT

Availability of Benefit — This benefit is available to participant families on an “as needed” basis. Coverage is provided for the representation of tenants that involves:

- The lease of property for personal use
- Representation in an eviction action which has been brought against a participant
- Problems arising from a landlord’s failure to provide necessary services to the tenant

J. PERSONAL INJURY

Availability of Benefit — This benefit is available to participant families on an “as needed” basis.

This benefit provides legal services in the defense of physical injury or property damage cases alleging negligence by the participant or eligible dependent, but only if you or your eligible dependent is the defendant and there is no insurance coverage available, or the damages sought exceed the coverage limit in the available insurance policy.

K. REAL ESTATE TRANSACTIONS

Availability of Benefit — This benefit is available to participant families once every three (3) years. This means that once every three (3) years a participant family is entitled to legal assistance in connection with one (1) purchase and one (1) sale of real property. Coverage is provided for:

- The review, preparation and examination of documents which concern the purchase, sale or transfer of real property that was, or is to become, your home.
- Representation in the purchase or sale of a one- or two-family personal dwelling in which you reside.
- Representation in the purchase of land to be used for construction of your home.
- Representation for the purpose of refinancing your home.

The purchase or sale of real property used for recreational or business purposes is not covered. Also excluded are disbursement costs such as abstract updating, recording of deeds, water search, and bank attorney fees.

In addition, a benefit is available to assist a participant family in connection with a mortgage foreclosure. The mortgage foreclosure benefit is available on an “as needed” basis. However, no more than one mortgage foreclosure claim may be opened with respect to the foreclosure of a single mortgage.

L. TRAFFIC MATTERS

Availability of Benefit — This benefit is available to participant families on the basis of four (4) or five (5) hours per calendar year.

This benefit includes advice, consultation, and representation in connection with traffic violations.

Matters concerning the revocation or suspension of a driver’s license are not covered under this benefit, but may be covered under Administrative Proceedings. Traffic misdemeanors, driving without a license, or driving without insurance are covered under Criminal Traffic Matters. Parking violations are excluded from this benefit.

M. OTHER MATTERS

The following benefits are available to participant families on an “as needed” basis.

- Name changes — proceedings to legally change a name
- Correction of Public Records or Documents

IV. WHAT IS NOT COVERED?

The following legal services and costs and expenses are not covered:

- A.** Any business venture, or any other matter in which, for federal income tax purposes, the cost of legal services would normally constitute a business expense or a capital investment.
- B.** A judicial or administrative proceeding involving any of the following as an adverse party or potential adverse party: (a) any employer party to a collective bargaining agreement with the International Brotherhood of Teamsters or any of its affiliates, (b) the Plan or any agent thereof, (c) any employer that contributes to the Plan, (d) the International Brotherhood of Teamsters, or any other labor union, local or joint council affiliated with the Plan, (e) any health, welfare, pension or other fringe benefit trust, fund or plan, or the trustees, administrators or employees thereof, in which any other labor union participates or has an interest.
- C.** A judicial or administrative proceeding involving another participant or eligible dependent as an adverse party except for those benefits listed under Domestic Relations and Real Estate Transactions.
- D.** Any matter or proceeding, except as otherwise provided herein, in which representation on a contingent fee basis is normally and customarily available.
- E.** Any matter or proceeding, except as otherwise provided herein, in which legal services are available through insurance, except to the extent that such services are not provided.
- F.** Interventions or amicus curiae filings in any matter or proceeding not involving the immediate and direct interest of you or your eligible dependent.

G. Cases or matters pending at the time you or your eligible dependent becomes eligible to receive services under the Plan.

H. Appeals of any decisions, judgments or orders of any administrative body or court of original jurisdiction.

I. Unemployment hearings if a contributing employer is involved.

J. Criminal misdemeanors other than traffic misdemeanors.

K. Felony cases.

L. The purchase or sale of real property used for recreational or business purposes.

M. Representation in divorce, termination, dissolution, separation or annulment proceedings for persons other than you.

N. Any civil matter not described in Sections III. A, C, E, F, G, H, I, and J, except that the advice and consultation benefit under Section III. B is available for such a matter unless it is excluded from coverage under Sections IV. A through M.

O. Expenses not covered by the Plan include:

- Recording fees for deeds and mortgages
- Bank charges and bank legal fees for preparation of mortgage documents
- Title reports
- Fines, penalties or fees which have been charged against the member
- Private investigations
- Polygraph tests
- Adoption agency fees
- Medical examinations and tests
- Abstract updating
- Copies of driving records and police reports

P. Actions for restraining orders, or defense of restraining orders, other than as part of a covered family matter.

Q. Expungement or sealing of records

V. HOW DO I USE THE PLAN?

A. CONTACT THE ATTORNEY

1. Panel Attorney

If you need help, contact one of the Panel Attorneys who provide Plan benefits. The names, addresses, and telephone numbers of the law offices currently providing benefits may be obtained from the Plan Administrator's office by calling (800) 222-3024 within California or (800) 222-3025 outside California. When you have selected a Panel Attorney, contact him or her by telephone and make an appointment.

2. Designated Attorney (Non-Panel)

If a Panel Attorney is not available to provide you with legal services, contact the Plan Administrator's Office for the procedure to obtain the services of a Designated Attorney. A Designated Attorney must sign an agreement with the Trust Fund before accepting a case.

The Panel or Designated Attorney will advise you of your legal rights and remedies. The Panel or Designated Attorney will also tell you what you can and cannot do under the law and may recommend a course of action to you.

B. CLAIMS AND PAYMENT AUTHORIZATION

A Claim for Legal Benefits form will be given to you by your attorney. This form must be completed by you or your eligible dependent and returned to the Plan Administrator by your attorney before benefits can be paid. You or your eligible dependent should never be required to pay a retainer. Attorneys must contact the Trust Fund Office for a claim number before providing legal services to a participant or eligible dependent.

PLEASE BE ADVISED THAT SERVICES PROVIDED BEFORE A CLAIM NUMBER IS ISSUED WILL NOT BE PAID, unless services are first provided on a weekend or legal holiday and a claim number is issued on the next business day.

C. WAIVER OF ATTORNEY-CLIENT PRIVILEGE

Federal law requires that all employee benefit plans keep careful records and accounts, and places a great amount of responsibility upon the Trustees for the financial integrity of the Plan. This responsibility,

mandated by law and by the terms of the Plan, requires Panel and Designated Attorneys to submit periodic reports to the Plan Administrator relating to the nature and extent of participants' use of the Plan.

Since even this small amount of general information may be included in the information protected by the attorney-client privilege as defined by a particular State Bar, Panel and Designated Attorneys will ask you or your eligible dependent to sign a waiver of confidentiality to the extent necessary to comply with applicable federal law and the terms of the Plan.

VI. OTHER IMPORTANT INFORMATION

A. COSTS AND EXPENSES

- **Fees for filing and service of process:** The Plan will cover disbursements and court costs up to a maximum of \$600.00 per year for a participant family. Covered expenses include necessary filing fees for legal documents in connection with a pending action or proceeding and fees for the service of a subpoena, and costs of publication when required by law. Attorney's travel expenses will be paid only if they have been approved in advance by the Trust Fund Office. Publication cost will be covered when required by law.
- **Mediation charges:** The Plan will pay the first \$400 of the participant's share of mediation costs in connection with a covered matter. If the participant's share of mediation costs exceeds \$400, the Plan will pay an additional amount equal to the amount actually paid by the participant, up to a maximum total mediation benefit of \$800.
- **Investigation and Guardian ad litem expenses:** When a claim has been opened for a child custody, visitation, or guardianship matter, the Plan will pay investigation and/or guardian ad litem fees and costs otherwise payable by the participant, up to a maximum of \$1,500 per claim. Panel and Designated Attorneys should not ask you or your eligible dependents to sign cost forms.

B. COORDINATION OF BENEFITS

To simplify payment of claims when duplicate coverage is involved, benefits will be paid under a primary-secondary concept. Primary means the plan

paying first and secondary means the plan paying second.

When both plans contain a Coordination of Benefits provision, the plan that covers the person incurring the claim as an employee is the primary plan. If an individual is covered under two plans through two jobs, the plan that covered the employee for the longer period of time is the primary plan. With respect to children, the plan that covers the father as an employee is primary; provided, however, that in any case where an eligible dependent child of an employee covered under this plan is covered under any other group plan, the plan covering the dependent shall be considered primary. When another carrier's plan does not contain a Coordination of Benefits provision, it will always be considered the primary plan.

C. PAYMENT OF CLAIMS

Participant families are not reimbursed directly; payments are made to the attorneys only. Attorneys should submit their billings to the Trust Fund Office monthly, rather than at the conclusion of a matter.

Attorneys must contact the Trust Fund Office for a claim number before providing legal services to a participant or eligible dependent.

D. NON-ASSIGNMENT AND SUBROGATION RIGHTS

The services provided for herein are for the sole benefit of you and your eligible dependents. Such services shall not inure to the benefit for, nor vest in any other person or entity, public or private, such as a trustee in bankruptcy or under Chapter 13 or any other trustee under the National Bankruptcy Act or to an assignee for the benefit of creditors or otherwise. Services provided under the plan are not assignable.

The Trust shall be subrogated to all rights of you or your eligible dependent to recover attorneys' fees and costs against any person or entity. You and your eligible dependents shall execute and deliver to the Plan Administrator any instruments or papers and do whatever else is necessary to secure such rights for the Plan, and shall do nothing to prejudice such rights.

You and your eligible dependents are not required to consult with or be represented by a Panel or Designated Attorney as a condition of union membership or otherwise. You and your eligible dependents are free to consult with or be represented by any other attorney concerning any matter at your own expense.

The Plan requires that Panel and Designated Attorneys maintain certain minimum levels of malpractice insurance. Decisions by Panel and Designated Attorneys in the representation of you and your eligible dependent shall reflect at all times the independent exercise of their professional judgment, and the Trust does not warrant the quality of such professional judgment.

E. AMENDMENT AND TERMINATION OF THE TRUST AND THE PLAN BY THE TRUSTEES

The Board of Trustees may take action in accordance with the Trust Agreement and the Plan document to amend or terminate the Trust or the Plan, or both, at any time.

VII. INFORMATION REQUIRED BY THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974

The following information, together with the information contained herein, comprise the Summary Plan Description required by the Employee Retirement Income Security Act of 1974 (ERISA).

A. Name of Plan: The name of this Plan is

Western Conference of Teamsters Legal Services Trust Fund

B. Name and Address of Board of Trustees:

Western Conference of Teamsters
Legal Services Trust Fund
c/o Delta Fund Administrators LLC
P.O. Box 2340
Stockton, CA 95201
(209) 940-5250

C. EIN and Plan Sponsor Number:

This Plan is filed with the Internal Revenue Service under No. 95-3543057. The Plan Number is 501.

D. Type of Plan:

This is a Group Legal Plan, providing the following kind of benefits:

Legal services for a variety of problems including Domestic Relations, Landlord and Tenant, Real Estate, Wills, Consumer Transactions, Criminal Defense, Termination of Joint Tenancies, Representation at Administrative Proceedings and Personal Injury Claims.

E. Type of Administration:

The Board of Trustees has engaged Delta Fund Administrators to perform the routine administration of the Trust as a contract administrator.

F. Name, Address and Telephone Number of Administrator:

Board of Trustees
Western Conference of Teamsters
Legal Services Trust Fund
c/o Delta Fund Administrators LLC
P.O. Box 2340
Stockton, CA 95201
(209) 940-5250

G. Name and Address of Agent for Legal Service:

Delta Fund Administrators LLC
1234 West Oak Street
Stockton, CA 95203
(209) 940-5250

Legal process may be made upon the Plan Administrator.

H. Name, Title and Business Address of each Trustee:

Union

Mr. Andrew Marshall
1450 S. 27th Avenue
Phoenix, AZ 85009

Mr. Thomas Monthey
P.O. Box 2340
Stockton, CA 95201

Employer

Mr. Daniel Guerrero - United Parcel Service
1201 W. Olympic Blvd.
Los Angeles, CA 90015

Mr. John Ernest – United Parcel Service
3150 North 31st Ave.
Phoenix, AZ 85017

I. Description of the Relevant Provisions of Any Applicable Collective Bargaining Agreement:

Certain collective bargaining agreements and participation agreements require contributions to the Western Conference of Teamsters Legal Services Trust Fund. You or your eligible dependents may obtain a copy of the agreement under which you work from your local union, or by making a written request to the Plan Administrator.

J. The Plan Requirements Regarding Eligibility for Participation and Benefits:

This Trust provides benefits to persons who are eligible for benefits under the specific provisions of the Plan and the Trust Agreement as outlined in Article II of this Summary Plan Description.

K. Termination of Individual's Coverage:

The circumstances under which your coverage may be terminated or suspended are outlined in Article II of this Summary Plan Description.

L. Source of Contributions:

Contributions to the Western Conference of Teamsters Legal Services Trust Fund are made by contributing employers in accordance with collective bargaining agreements and participation agreements.

M. Identity of any Organization through which Benefits are Provided:

Western Conference of Teamsters
Legal Services Trust Fund
P.O. Box 2340
Stockton, CA 95201
(209) 940-5250

N. Plan Year

October 1 to September 30
Fiscal Year-End Date: September 30

O. Claims Review Procedure:

In the event that the Trust Fund Office determines that a member of a participant family is not eligible for benefits or that a particular benefit is not covered by the Plan, the person will be notified in writing within 60 days of the date when the Trust Fund Office first receives notice that the claim arose. Specific reasons will be set forth in the denial and reference will be made to provisions of the Plan.

If a member of a participant family wishes to have the denial reviewed or is dissatisfied in some other manner, the person may seek a review by writing to the Board of Trustees at the Trust Fund Office within 60 days of receiving notice from the Trust Office of the benefit denial. The matter will be reviewed by the Board at its next regularly scheduled meeting, unless the request is received within 30 days of the meeting, in which case it may be reviewed at the next succeeding meeting. If special circumstances prevent the Board from deciding the request for review at that meeting, the Board will notify the person requesting review of the reasons why additional time is needed to decide the request for review. The Board will notify the person requesting review within five days of the date when the Board's decision is made. The decision of the Board of Trustees shall be final, conclusive, and binding. The decision of the Board may be challenged by filing a civil suit under ERISA §502(a).

P. Participant Rights:

As a participant in the Western Conference of Teamsters Legal Services Trust Fund, you are entitled to certain rights and protections under the Employee Retirement Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

- (a) Examine, without charge, at the Plan Administrator's office, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.
- (b) Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated Summary Plan Description. The Plan Administrator may make a reasonable charge for the copies.
- (c) Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report. In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants. 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 a benefit or exercising your rights under ERISA.

If your claim for a benefit is denied 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 Plan documents or the latest annual report from the Plan 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 Plan 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 Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in state or Federal court. If it should happen that Plan fiduciaries misuse the Plan'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 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 frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from your Plan Administrator, you should contact the nearest office of the Pension and Welfare Benefits 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 Pension and Welfare Benefits Administration.