

Summary of Coverage

Policyholder: Service Employees 32BJ North Health Benefit Fund

Group Policy: GP-724334

SOC: 1A

Issue Date: November 29, 2007

Effective Date: January 1, 2007

The benefits shown in this Summary of Coverage (SOC) are available for you and your eligible dependents.

This Summary of Coverage (SOC) may be an electronic version of the Summary of Coverage (SOC) on file with the Fund and Aetna Life Insurance Company. In case of any discrepancy between an electronic version and the printed copy which is part of the group insurance contract issued by Aetna Life Insurance Company, or in case of any legal action, the terms set forth in such group insurance contract will prevail. To obtain a printed copy of this Summary of Coverage (SOC), please contact the Fund.

Eligibility

Members

You are in an Eligible Class if you are a regular full-time Tri-State Preferred North Plan member of a contributing employer participating in the Fund **having worked at least three months in covered employment and are** and not an member who is in a class for which a separate SOC has been designated for the coverages described in this SOC.

You are in an Eligible Class if you have worked at least 3 months of Covered Employment. "Covered Employment" means working for an employer participating in the fund kept by the Policyholder, whether through the terms of a collective bargaining agreement or otherwise authorized by the Trustees of the Policyholder. Please contact the Fund if you have any questions about the meaning of "Covered Employment" or how your hours of Covered Employment are measured.

Your Eligibility Date, if you are then in an Eligible Class, is the Effective Date of this Plan. Otherwise, it is the date you commence active covered work for your Fund or, if later, the date you enter the Eligible Class.

Military Reinstatement

Military Reinstatement – if your coverage terminates because you enter the armed service on an active basis, and if you are employed by a Participant Policyholder within the 90 day period after your discharge date, your Eligibility Date for coverage under this policy will be the date you become employed with the Participant Policyholder.

Dependents

You may cover your:

- wife or husband

No person may be covered both as an member and dependent and no person may be covered as a dependent of more than one member.

Tri-State Preferred North Plan -Life, Dependent Life and AD&PL

Eligibility For Life Insurance if Permanently and Totally Disabled

You may remain eligible for Life Insurance coverage (but not Accidental Death and Personal Loss Coverage), subject to change or termination as provided elsewhere in the group contract, if the Fund determines that you have become permanently and totally disabled, if:

- the total disability starts while you are insured, on or after the date this subsection applies to you and before you retire; and
- your Fund continues premium payments for this coverage.

This eligibility ceases on the date the Fund determines that you are no longer permanently and totally disabled.

Report a disease or injury to the Fund as soon as you can. **The** Fund will help you determine if you qualify.

If you were insured for Accidental Death and Personal Loss Coverage, that coverage ends on the date this section applies to your Life Insurance coverage.

Enrollment Procedure

You will be required to enroll in a manner determined by Aetna and the Fund.

Effective Date of Coverage

Dependents

Coverage for your dependents will take effect on the date your coverage takes effect if, by then, you have enrolled for dependent coverage. Also, in order to be sure coverage is in force for any new dependents you acquire, you should report any changes.

Life Insurance

Schedule of Life Insurance

Members

Schedule

Classification	Amount
All Members	\$ 15,000

Age Reduction Rule

Your Life Insurance amount in force on the day before the first day of the month in which you reach age 65 will be reduced by: 35% at age 65 and 50% at age 70. The reduction will take effect on the first day of the calendar month in which you reach the age specified. No reduction will take place if your Life Insurance has already been reduced because of retirement.

If you become insured during or after the month in which you reach the above ages, your amount of Life Insurance will be the applicable percentage of the amount shown for your classification.

Dependents

Schedule*

Classification	Amount
Wife or husband	\$3,000

* If prior to the Effective Date of this Plan you had the option to elect Dependent Life Insurance under any other group plan sponsored by the Policyholder, whether underwritten by Aetna or not and elected not to do so, dependent spouse Life Insurance in excess of \$10,000 under this Plan will not take effect until you submit evidence of that person's health that is acceptable to Aetna.

Accelerated Death Benefit

Members

ADB Months:	12
ADB Percentage:	50%
ADB Minimum	The lesser of \$ 50,000 and 25% of the amount of your Life Insurance then in force.
ADB Maximum:	\$ 7,500

Accidental Death and Personal Loss Coverage

Schedule of Accidental Death and Personal Loss Coverage

Members Schedule

Classification	Principal Sum
All Members	\$ 3,000

Additional Accidental Death Benefit Maximums

Members

Coma Benefit Percentage	5% of your full Principal Sum
Passenger Restraint Benefit Maximum	\$ 10,000
Airbag Benefit Maximum	One half of your Passenger Restraint Benefit
Education Benefit Maximum for each dependent child	5% of your Principal Sum not to exceed \$ 5,000 per year per child for up to 4 years
for your spouse	5% of your Principal Sum not to exceed \$ 5,000 per year for up to 4 years
Child Care Benefit Maximum for each child	3% of your Principal Sum not to exceed \$ 2,000 per year per child for up to 4 years

Age Reduction Rule

Your Accidental Death and Personal Loss Coverage amount in force on the day before the first day of the month in which you reach age 65 will be reduced by: 35% at age 65; 50% at age 70. The reduction will take effect on the first day of the calendar month in which you reach the age specified.

If you become insured during or after the month in which you reach the above ages, your amount of Accidental Death and Personal Loss Principal Sum will be the applicable percentage of the amount shown for your classification.

Adjustment Rule

If, for any reason, a person is entitled to a different amount of coverage, coverage will be adjusted as provided elsewhere in the group contract, except that an increase is subject to any Active covered work Rule described in Effective Date of Coverage section of this Summary of Coverage (**SOC**).

Benefits for claims incurred after the date the adjustment becomes effective are payable in accordance with the revised plan provisions. In other words, there are no vested rights to benefits based upon provisions of this Plan in effect prior to the date of any adjustment.

Disclosure

The accident and health insurance evidenced by this Booklet-Certificate provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical as defined by the New York State Insurance Department.

IMPORTANT NOTICE - THE GROUP POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

General

This Summary of Coverage (**SOC**) replaces any Summary of Coverage (**SOC**) previously in effect under the group contract. Requests for amounts of coverage other than those to which you are entitled in accordance with this Summary of Coverage (**SOC**) cannot be accepted.

The insurance described in this Booklet-Certificate will be provided under Aetna Life Insurance Company policy form GR-29.

**KEEP THIS SUMMARY OF COVERAGE (SOC)
WITH YOUR BOOKLET-CERTIFICATE**

Additional Information Provided by Service Employees 32BJ North Health Benefit Fund

The following information is provided to you in accordance with the Employee Retirement Income Security Act of 1974 (ERISA). It is not a part of your booklet-certificate. Your Plan Administrator has determined that this information together with the information contained in your booklet-certificate is the Summary Plan Description required by ERISA.

In furnishing this information, Aetna is acting on behalf of your Plan Administrator who remains responsible for complying with the ERISA reporting rules and regulations on a timely and accurate basis.

Employer Identification Number:

13-1699839

Plan Number:

501

Type of Plan:

Welfare

Type of Administration:

Group Insurance Policy with:

Aetna Life Insurance Company
151 Farmington Avenue
Hartford, CT 06156

Plan Administrator:

Board of Trustees Service Employees 32 BJ North Health Benefit Fund
140 Huguenot Street
New Rochelle, NY 10801

Agent For Service of Legal Process:

Board of Trustees Service Employees 32 BJ North Health Benefit Fund
140 Huguenot Street
New Rochelle, NY 10801

End of Plan Year:

December 31

Source of Contributions:

Employer Contributions

Procedure for Amending the Plan:

The Fund may amend the Plan from time to time by a written instrument signed by the Plan Administrator.

The Plan is maintained in accordance with health and welfare provisions of a collective bargaining agreement.

ERISA Rights

As a participant in the group insurance plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974. ERISA provides that all plan participants shall be entitled to:

Receive Information about Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts, collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) that is filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts, collective bargaining agreements, and copies of the latest annual report (Form 5500 Series), and an updated Summary Plan Description. The Administrator may make a reasonable charge for the copies.

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.

Receive a copy of the procedures used by the Plan for determining a qualified domestic relations order (QDRO) or a qualified medical child support order (QMCSO).

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the member benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in your interest and that of other plan participants and beneficiaries. No one, including your Fund, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain 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 materials 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 up to \$ 110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the status of a domestic relations order or a medical child support order, you may file suit in a 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 have 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 is frivolous.

Assistance with Your Questions

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, you should contact:

- the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory; or
- the Division of Technical Assistance and Inquiries, Employee Benefits Security 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 Employee Benefits Security Administration.

