

**HEALTH & WELFARE TRUST FUND OF THE INTERNATIONAL UNION OF
OPERATING ENGINEERS (LOCAL 877)
AMENDMENT #2 TO THE
RESTATED JANUARY 1, 2009 PLAN DOCUMENT
EFFECTIVE: APRIL 1, 2009**

The Plan Document is hereby amended as follows:

SECTION X, PARTICIPATION REQUIREMENTS, SUBSECTION I, Special Enrollment Periods and Elections is hereby deleted and replaced with the following in its entirety:

I. Special Enrollment Periods and Elections.

An Employee who otherwise satisfies the eligibility requirements under this Plan, but does not enroll for coverage for himself and/or his Eligible Dependents within thirty (30) days of becoming eligible, may elect to enroll at a later date under the following circumstances listed below. At the time each Employee is offered the initial opportunity to enroll in this Plan, he will also be given notice of these Special Enrollment rights.

(1) Special enrollment following involuntary loss of other coverage

If an Employee is not enrolled under this Plan, but meets the participation requirements, he may be eligible to enroll for himself and his Eligible Dependents if all the conditions below are met:

- (a) The Employee declined coverage under the Plan for himself and his Eligible Dependents when it was offered previously.
- (b) The Employee signed a written waiver of coverage under this Plan whenever such coverage was offered, giving the existence of alternative health coverage as the reason for waiving the coverage, on forms furnished by and delivered to the Plan Administrator within the specified enrollment period each time such coverage was offered.
- (c) The alternative health coverage was involuntarily lost because:
 - It was COBRA continuation coverage that has been exhausted;
 - Eligibility for the alternative coverage was lost (for reasons other than the Employee's voluntary cancellation of the coverage, failure to pay premiums or for cause);
 - All benefits under the alternative coverage have been exhausted under its lifetime benefit limits; or
 - Employer contributions toward the cost of the alternative coverage terminated.

- (d) The Employee submits a completed enrollment form to the Plan Administrator, with written documentation that confirms the involuntary loss of alternative coverage, within thirty (30) days after the date on which the alternative coverage was involuntarily lost.

If all conditions above are met, enrollment in the Plan will be effective as of the date alternative coverage was lost.

(2) Special enrollment following acquisition of Dependents

If an Employee is not covered under this Plan, but meets the participation requirements, he may be eligible to enroll for himself and his Eligible Dependents if all the conditions below are met:

- (a) Another individual (a spouse or child) has become an Eligible Dependent of the Employee through marriage, birth, adoption, or placement for adoption.
- (b) The Employee submits a completed enrollment form to the Plan Administrator, with written documentation of the acquisition of the new dependent, within thirty (30) days of the marriage, birth, adoption, or placement for adoption.

If all the conditions above are met, enrollment in the Plan for newborns or newly adopted children will be effective as of the date of the adoption, or placement for adoption, or birth. In the case of marriage, the enrollment will be effective as of the date of marriage.

(3) Special enrollment following loss of eligibility for Medicaid or CHIP (Children's Health Insurance Program) coverage or becoming newly eligible for premium assistance under Medicaid or CHIP

If an Employee is not covered under this Plan, or is covered but has not enrolled his Eligible Dependents, he may be eligible to enroll for himself and/or his Eligible Dependents if the conditions below are met:

- (a) The Employee's or an Eligible Dependent's coverage under Medicaid or CHIP is terminated as a result of loss of eligibility under such programs, or the Employee or Eligible Dependent becomes newly eligible for premium subsidy through Medicaid or CHIP to help pay the cost of coverage under this Plan.
- (b) The Employee submits a completed enrollment form to the Plan Administrator, with documentation of the loss of Medicaid or CHIP coverage, or of new eligibility for Medicaid or CHIP premium subsidy, within sixty (60) days of the date of the applicable loss of coverage or new eligibility for the premium subsidy.

In the case of a loss of eligibility for Medicaid or CHIP benefits, enrollment in the Plan will be effective as of the date that Medicaid or CHIP coverage is terminated if the applicable conditions above are met.

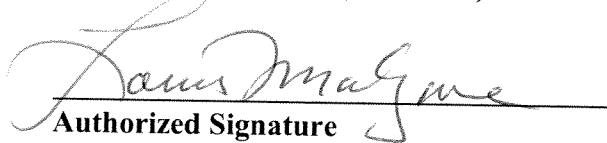
In the case of becoming newly eligible for premium subsidy under Medicaid or CHIP, enrollment in the Plan will be effective as of the first date of eligibility for a premium subsidy if the applicable conditions above are met.

SECTION XII, COORDINATION OF BENEFITS, SUBSECTION G, Plan Charges Covered by Medicaid is hereby deleted and replaced with the following in its entirety:

G. Plan Charges Covered by Medicaid or CHIP (Children's Health Insurance Plan).
This Plan will not reduce or deny benefits for any Covered Person to reflect the fact that such an Employee is eligible to receive medical assistance through Medicaid or CHIP.

Accepted by:

**Health & Welfare Trust Fund of
the International Union of
Operating Engineers (Local 877)**


Authorized Signature

Louis F. Malzone
Print Name

Exec Director
Title

4/1/09
Date