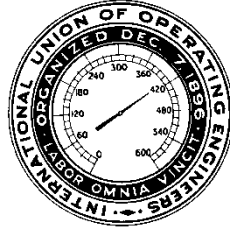


Local 891 Welfare Fund

Lasik Surgery Reimbursement Benefit Plan



Who is covered?

All eligible members and dependents as defined by the Fund are covered for Lasik Surgery Reimbursement Benefits.

What does the plan cover?

The plan covers up to \$1,000 in out-of-pocket expenses for Lasik Surgery* performed by a licensed physician per family once every three years. The plan covers expenses incurred for Lasik Surgery by members and their eligible dependents that are not reimbursed by your City health plan or any other health insurance plan. If you elect to use this benefit, you and your eligible dependents will not be eligible for the Fund's Lasik Benefit for a period of three calendar years from the year which you claim the benefit. Once the three-year exclusion period has ended, you and your eligible dependents will again be eligible for Lasik benefits.

How am I Reimbursed for Covered Services?

You can obtain a Lasik Benefit Reimbursement Claim Form from the Union's website "**local891.com**" or by calling the Fund's Third-Party Administrator, Daniel H. Cook Associates, at 212-505-5050. If any expenses associated with Lasik Surgery are covered by your City health plan or any other insurance plan, your claim **must** be submitted to that plan first. Submit your completed claim form with the appropriate medical receipts, explanation of benefits or other evidence of payment to the address on the claim form. Your claim must be submitted no later than the end of the calendar year following the year in which Lasik Surgery services were rendered.

***This benefit provides reimbursement only for out-of-pocket costs incurred in connection with Lasik Surgery procedures rendered by a licensed physician. The Fund does not recommend, endorse nor guarantee the services of any particular medical provider.**