

ASEA/AFSCME LOCAL 52 HEALTH BENEFITS TRUST

**Policy on
Trustee Communications with Participants
on Eligibility or Benefits Coverage**

In the course of being a member of the Board of Trustees, it is not uncommon for individual Trustees to be asked questions by participants as to the participants' eligibility under the Plan or the coverage of specific treatment, services, or devices under the terms of the Plan. To facilitate accurate communication of the eligibility and coverage provisions of the Plan, and to ensure that all participants are treated consistently under the Plan, Trustees shall refer all questions from participants regarding eligibility and benefit coverage to the Trust's Administrative Agent, Administration Services, Inc., or its successor, for investigation and response.

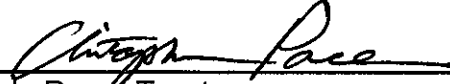
The Trust's Administrative Agent and claims administrator are charged with the duty of reviewing and paying claims, and administering eligibility and enrollment, and are best equipped to accurately and promptly respond to participant questions. As such, the Trust's Administrative Agent shall be the point of contact for participant inquiries and follow up on participant questions and concerns.

Participants who are adversely affected by any determination by the Trust's Administrative Agent have the opportunity to have their concerns heard by the Board of Trustees either during the member comment period reserved on the agenda of Board of Trustee meetings, or through the formal appeal process provided under Article IX of the Trust Agreement.

This Policy is adopted this December 9th, 2004, replaces any previously adopted versions, and is effective until revoked, revised, or amended.



Fred G. Brown, Trustee



Chris Pace, Trustee



Michael Williams, Trustee



Frank Puschak, Trustee



Stanley Kaneshiro, Trustee



Patricia Nault, Trustee