

2017 Summary Annual Report for

AFL-CIO Mutual Benefit Plan

This is a summary of the annual report for the AFL-CIO MUTUAL BENEFIT PLAN (Employer Identification No. 53-0228172, Plan No. 501), for the period January 1, 2017 to December 31, 2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtracting liabilities of the plan, was \$35,527,790 as of December 31, 2017, compared to \$31,938,227 as of January 1, 2017. During the plan year the plan experienced an increase in its net assets of \$3,589,563. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of \$5,127,727.

Plan expenses were \$1,538,164. These expenses included \$595,650 in administrative expenses and \$942,514 in benefits paid to participants and beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request.

The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Loans or other obligations in default or classified as uncollectible;
4. Transactions in excess of 5 percent of the plan assets;
5. Insurance information including sales commissions paid by insurance carriers;
6. Financial information and information on payments to service providers; and
7. Transactions in excess of 5% of plan assets.

To obtain a copy of the full annual report, or any part thereof, write the office of:

The Fund c/o Union Privilege
1100 First Street NE
Suite 850
Washington, DC 20002

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

The Fund c/o Union Privilege
1100 First Street NE
Suite 850
Washington, DC 20002

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to:

U.S. Department of Labor
Employee Benefits Security Administration
Public Disclosure Room
200 Constitution Avenue NW
Suite N-1513
Washington, DC 20210

Union Plus Credit Cards are issued by Capital One, N.A. pursuant to a license from Mastercard International Incorporated.



SPD-SAR-CC-L0818
07CAP600363 (08/18) STMT

Summary Plan Description

Union Plus Cardholder Assistance Program of the AFL-CIO Mutual Benefit Plan

1) General Eligibility — The Cardholder Assistance Program ("CAP" or "Program") is one of a number of benefit programs offered through the AFL-CIO Mutual Benefit Plan ("Mutual Benefit Plan" or "Plan"). The CAP provides grants to individuals that: (i) are a Union Plus or Teamster Privilege Cardholder in good standing at the time of a qualifying event, and who have been a Union Plus or Teamster Privilege Credit Cardholder for at least three (3) consecutive months (a "CAP Participant"); and (ii) meet the specific qualifying criteria described below.

2) Disability Grant — To qualify for a Disability Grant you must complete the required application and provide documentation to the Plan that you or a joint owner or authorized user of your CAP participant Union Plus or Teamster Privilege Credit Card account: (i) has been unemployed for at least 90 consecutive days within the 12-month period prior to the date that you submit an application for a Disability Grant; (ii) has, within the 12 months prior to your application for a Disability Grant, lost 25 percent or more of your monthly income for a minimum of 90 consecutive days (the "disability income loss"); and (iii) that the illness or disability that caused the period of unemployment occurred at least three (3) months after you became a Union Plus or Teamster Privilege Credit Cardholder.

You must provide proof of the disability income loss for the period of illness or disability, proof of the date of illness or disability, and proof of income before and after the date of illness or disability.

If you qualify, the Plan will pay you a Disability Grant of 60% of the demonstrated average monthly disability income loss, up to a maximum grant of \$2,700. The minimum Disability Grant is \$1,600. All grants will be rounded to the nearest \$100.

You may only receive one Disability Grant under the CAP for each Union Plus or Teamster Privilege Credit Card account. If you have multiple Union Plus or Teamster Privilege Credit Card accounts, you can only receive one Disability Grant for any unique illness or disability event.

3) Job Loss Grants — To qualify for a Job Loss Grant, you must complete the required application and provide documentation to the Plan that you or a joint-owner or authorized user of your Union Plus or Teamster Privilege Credit Card account has been continuously unemployed due to an involuntary job loss or a layoff (but not a strike or lockout) for at least 90 consecutive days within the 12-month period prior to the date that you submit an application for a Job Loss Grant (the "job loss") and that the job loss occurred at least three (3) months after you became a Union Plus or Teamster Privilege Credit Cardholder.

You must provide documentation of the date you became unemployed and copies of two dated unemployment insurance statements or other documentation showing a minimum 90 consecutive days of unemployment.

If you qualify, the Plan will pay a \$300 Job Loss Grant directly to you. You may only receive one Job Loss Grant under the CAP for each Union Plus or Teamster Privilege Credit Card account. If you have multiple Union Plus or Teamster Privilege Credit Card accounts, you may only receive one Job Loss Grant for any unique job loss.

- 4) Strike Grants** — To qualify for a Strike Grant, you must complete the required application and demonstrate to the Plan that you or the joint-owner or authorized user of your Union Plus or Teamster Privilege Credit Card account have been unemployed due to a union-approved strike or lockout for a minimum of 30 consecutive days within the 12-month period prior to the date that you submit an application for a Strike Grant (the “strike loss”) and that the strike loss occurred at least three (3) months after you became a Union Plus or Teamster Privilege Credit Cardholder.

You must provide documentation of the date the unemployment commenced due to a strike or lockout and proof that the duration of the strike or lockout was at least 30 consecutive days.

If you qualify, the Plan will pay a \$300 Strike Grant directly to you. You may only receive one Strike Grant under the CAP for each Union Plus or Teamster Privilege Credit Card account. If you have multiple Union Plus or Teamster Privilege Credit Card accounts, you may only receive one Strike Grant under the CAP for any unique strike loss.

- 5) Hospital Grants** — To qualify for a Hospital Grant, you must complete the required application and provide documentation to the Plan that you or a member of your household had unreimbursed hospital expenses: (i) that are associated with a hospitalization event(s) that took place during the 12-month period prior to the date that you submit an application for a Hospital Grant, but at least three (3) months after you became a Union Plus or Teamster Privilege Credit Cardholder; and (ii) that are equal to 10% of your annual income.

To demonstrate eligibility for a Hospital Grant, you must provide documentation of your annual income by supplying your most recent Form W-2 or pay stubs covering the applicable period. You must also include the applicable hospital and insurance statements that document (a) the dates and charges for the hospitalization (“Hospital Charges”), (b) the amount of the Hospital Charges covered by insurance, and (c) the amount of Hospital Charges for which the patient was financially responsible.

If you qualify, the Plan will pay a Hospital Grant of \$1,200 directly to you. You may only receive one Hospital Grant under the CAP for each Union Plus or Teamster Privilege Credit Card account. If you have multiple Union Plus or Teamster Privilege Credit Card

accounts, you may only receive one Hospital Grant under the CAP for any unique hospitalization event.

- 6) Disaster Relief Grant** — To qualify for a Disaster Relief Grant, you must complete the required application and provide documentation to the Plan that you: (i) are a union member in good standing with an eligible union; (ii) are a Union Plus or Teamster Privilege Cardholder in good standing for at least three (3) consecutive months at the time of the “Incident Period” listed in a Federal Emergency Management Agency (FEMA) Disaster Declaration; and (iii) have your primary residence located in a county or parish affected by a natural disaster listed in a FEMA Disaster Declaration offering “Individual Assistance.”

In order to demonstrate your eligibility for a Disaster Relief Grant, you must supply required information to Union Plus within twelve (12) months and provide documentation of the “Incident Period” date(s) listed in the FEMA Disaster Declaration. This information must include (but is not limited to): (i) the address of your primary residence; (ii) the county or parish of your residence; (iii) if applicable, an alternative mailing address; (iv) your phone number(s); and (v) your account number.

If you are determined to be eligible for a Disaster Relief Grant, you will receive a \$500 grant paid directly to you. You may receive only one Disaster Relief Grant per lifetime.

- 7) Plan Sponsor** — The Plan is maintained by the American Federation of Labor and Congress of Industrial Organizations (“AFL-CIO”), located at 815 16th Street NW, Washington, DC 20006.

- 8) Identification Number** — The AFL-CIO has been assigned EIN 530228172 by the IRS. The Plan Number is 501.

- 9) Type of Plan** — The Mutual Benefit Plan is an employee welfare benefit that makes available certain benefits to qualified individuals.

- 10) Plan Administrator** — The Trustees of the Plan serve as the administrator of the Plan. The Trustees have delegated certain day-to-day administrative responsibilities to Union Privilege (“UP”). If you would like to contact the Board of Trustees or UP regarding the Plan, please write to UP at 1100 First Street NE, Suite #850, Washington, DC 20002, 202-293-5330.

- 11) Service of Process** — The persons designated as agent for service of legal process is UP, 1100 First Street NE, Suite #850, Washington, DC 20002. Service of legal process may also be made upon a Plan Trustee or the Board of Trustees.

- 12) Trustees** — The Plan is administered by the Board of Trustees of the Plan. The individual Trustees on the Board of Trustees are: Ms. Judy Hale, Ms. Kerry Korpi, Mr. Greg Hamblet, Mr. Kevin Stringer, Mr. Donald Wharton and Mr. Paul Whitehead. The composition

of the Board of Trustees may change from time to time, and all correspondence to the Trustees should be directed care of UP at the address listed in paragraph 7.

- 13) Termination of Coverage & Loss of Eligibility** — The AFL-CIO may terminate or amend or change the eligibility rules for the Plan or the Program at any time in its discretion. The Trustees may establish whatever rules are necessary for the administration of the Program and have the right to discontinue benefits under the Program at their discretion. Failure to provide complete and accurate information on any application may result in a loss of eligibility.

- 14) Contributions** — The Union Plus Credit Card Assistance Program benefits are provided through assets held in trust by the AFL-CIO Mutual Benefit Fund.

- 15) Funding Medium** — Program benefits are provided through assets held in trust by the AFL-CIO Mutual Benefit Fund.

- 16) Plan Year** — The Plan’s fiscal year ends December 31.

- 17) Submitting a Claim** — You can apply for Program benefits electronically at unionplus.org/assistance. Documentation to demonstrate eligibility should be mailed separately to UP at 1100 First Street NE, Suite #850, Washington, DC 20002. If you do not have a computer, call 1-800-472-2005 and request an application by mail.

- 18) Claim Determinations** — The Plan will send you a notice of its determination regarding your application for benefits within 90 days after the date all the materials necessary to process the claim are received. If circumstances require an extension of time, the Plan will provide you a notice explaining why an extension of time is needed and the expected decision date. In no event will the extension exceed a period of 90 days. If the Plan denies your claim, you will be sent a written notice explaining why. You have the right to appeal a denial of your claim with the Plan’s Board of Trustees within 60 days from receipt of the denial notice. Your appeal must be in writing and must be sent to the Trustees care of the address in Paragraph 7. On appeal, you will have the right (a) to submit information relating to your claim for benefits; and (b) upon request, to have reasonable access to, and free copies of, all information relevant to your claim for benefits. In making a decision on review, the Trustees will review and consider all information without regard to whether such information was submitted or considered in the initial claim determination. The Trustees will normally make a decision within 60 days following receipt of an appeal, but if special circumstances exist, the Trustees may require an extension of time up to 60 days. If an extension is needed, you will be notified of the special circumstances that require an extension and the expected decision date. If the extension is due to your failure to provide

information necessary to decide the appeal, the period of time shall be tolled until you provide the additional information. The Trustees will send you a notice of the decision on your appeal (whether approved or denied). If the Board of Trustees denies your appeal, the notice will provide (a) the specific reason or reasons for the denial; (b) references to the Plan provisions on which the denial is based; (c) a statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits; and (d) a statement of your right to bring action under Section 502(a) of ERISA.

The Board of Trustees has the power and sole discretion to interpret, apply, and construe the provisions of the Plan and make all factual determinations regarding the construction, interpretation, and application of the Plan. The decision of the Board of Trustees is final and binding.

If your claim is denied, in whole or in part, you are not required to appeal the decision. However, you must exhaust your administrative remedies by appealing the denial before you have the right to bring an action in state or federal court. Failure to exhaust these administrative remedies will result in the loss of your right to file suit, as described in Paragraph 16.

- 19) Statement of ERISA Rights** — As a participant in the AFL-CIO Mutual Benefit Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all Plan participants shall be entitled to:

*Examine, without charge, at the Plan Administrator’s office, all documents governing the Plan 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 Employee Benefits Security Administration.

*Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan and copies of the latest annual report (Form series 5500) and updated Summary Plan Description. A reasonable charge may be made 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.

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 and beneficiaries. 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 welfare benefit or exercising your rights under ERISA.