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 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 to allow 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 the Plan, the Plan sponsors, and the Plan 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.

Under ERISA, there are steps you can take to enforce the above rights. If you are discriminated against by a Plan fiduciary for a reason related to the Plan, you may file a suit in a state or federal court. If it should happen that you or a joint-owner or authorized user of your CAP participant 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 Disability Grant for any unique illness or disability event. You must provide proof of the disability income loss for the period of your illness or disability, proof of the date of illness or disability, and proof that you or a joint-owner or authorized user of your CAP participant Union Plus or Teamster Privilege Credit Card account is one of a number of benefit programs offered through the AFL-CIO Mutual Benefit Plan. The Plan provides, in part, you may file suit against the Plan administrator, 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. If you are discriminated against during the period January 1, 2019 to December 31, 2019. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The value of plan assets, after subtracting liabilities of the plan, was $40,172,977 as of December 31, 2019, compared to $34,684,376 as of January 1, 2019. During the plan year the plan experienced an increase in its net assets of $5,486,156. 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 $6,463,263.

Plan expenses were $1,305,107. These expenses included $586,687 in administrative expenses and $718,420 in benefits paid to participants and beneficiaries.

YOU HAVE THE RIGHT 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% of the plan assets;
5. Insurance information including sales commissions paid by insurance carriers;
6. Financial information and information on payments to service providers.

To obtain a copy of the full annual report, or any part thereof, at no cost, 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, or upon request and at no charge, a statement of the assets and liabilities of the plan, 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.

If you have questions about your Plan, you should contact the Plan administrator. If you have questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in the telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Suite N-1513.

Washington, DC 20210. You may obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

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 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 (ii) are a Union Plus or Teamster Privilege Credit Cardholder for at least three (3) consecutive months (a “Participant”); and (ii) meet the specific qualifying criteria described below.

2) Disability Grant — To qualify for a Disability Grant, you must be employed by the required employer within 90 days of the date that you submit an application for a Disability Grant; and (ii) 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 difference between average monthly disability income loss, up to a maximum 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. If you qualify, the Plan will pay you a Disability Grant of 60% of the difference between average monthly disability income loss, up to a maximum of $2,700. The minimum Disability Grant is $1,600. All grants will be rounded to the nearest $100.

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If you qualify, the Plan will pay a Hospital Grant of $1,200 directly to you. You may only receive one Grant under the CAP for any unique 30 consecutive days of unemployment.

If you qualify, the Plan will pay a Hospital Grant of $300 Strike Grant directly to you. You may only receive one Grant under the CAP for any unique 30 consecutive days of 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 Hospital Grant. You may only receive one Strike Grant under the CAP for any unique strike or lockout.

If you qualify, the Plan will pay you $1,200 Job Loss Grant directly to you. You may only receive one Job Loss Grant for any single unique job loss.

If you qualify, the Plan will pay you $300 Furlough Grant directly to you. You may only receive one Furlough 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 Furlough Grant under the CAP for any unique strike or lockout.

5) Hospital Grants — For the purpose of this Plan, a Hospital Grant is defined as any payment you may receive for services provided by a hospital to you, including the following:

- Services provided in connection with your hospitalization
- Services provided in connection with your discharge from the hospital
- Services provided in connection with your readmission to the hospital
- Services provided in connection with your transfer to another hospital

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 provide documentation of the dates and charges for the hospitalization ("Hospital Charges"). The amount of the Hospital Charges covered by insurance, and (4) documentation of your annual income by supplying your most recent Form W-2 or pay stubs covering the applicable period.

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 under the CAP for any unique strike or lockout.

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