

# THE YMCA RETIREMENT FUND

## OVERVIEW OF CLAIMS PROCEDURES

Here's a quick overview of our claims procedures.

If you do not receive the benefits you expected or if your application for benefits is denied, you may file a claim for benefits with the Retirement Fund. You can file a claim by writing a letter to the Retirement Fund at the following address: YMCA Retirement Fund, Attn: Claims Review Panel, 140 Broadway, New York, NY 10005.

If you file a claim for benefits and your claim is denied, you'll receive a written determination from the Claims Review Panel of the Fund. If you wish to appeal the decision, you may do so in writing to the Board's Benefits Committee. The Benefits Committee will review your appeal and notify you in writing of their decision regarding the claim. If your claim is for disability retirement benefits, separate procedures apply and your claim will be processed by Liberty Mutual, an insurance carrier.

For full details of our claims procedures, please see below.

### CLAIMS PROCEDURES FOR THE YMCA RETIREMENT FUND RETIREMENT PLAN AND THE YMCA RETIREMENT FUND TAX-DEFERRED SAVINGS PLAN

*Set forth below are claims procedures with respect to the YMCA Retirement Fund Retirement Plan ("Retirement Plan") and the YMCA Retirement Fund Tax-Deferred Savings Plan ("Savings Plan") (collectively, the "Plan"), sponsored by the YMCA Retirement Fund ("Fund"). There are separate procedures for general claims and for disability claims. General claims will initially be reviewed by the Claims Review Panel, whose members consist of members of the management of the Fund appointed by the President of the Fund ("Claims Review Panel"). Appeals of such claims will be determined by the Benefits Committee, comprised of members of the Board of Trustees of the Fund ("Benefits Committee"). Disability claims will be reviewed by Liberty Mutual, the insurer selected by the Fund. The Board of Trustees of the Fund or its delegates have the exclusive right to interpret the Plan, and these decisions are conclusive and binding. Beginning July 1, 2006, the Retirement Plan, but not the Savings Plan will become subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The below claims procedures are intended to comply with ERISA rules for claims procedures. The claims procedures are effective for claims filed on or after July 1, 2006.*

#### **General Claims Procedures**

The Board and Fund management will endeavor to administer the Plan fairly and consistently and to pay all benefits that participants or beneficiaries are properly entitled to. To this end, the Claims Review Panel and the Benefits Committee will apply administrative processes and safeguards designed to ensure that (1) benefit claim determinations are made in accordance with the Plan documents; and (2) Plan provisions are applied consistently with respect to similarly situated individuals.

### **How Do You Bring a Claim?**

You, your beneficiary or anybody authorized to act on behalf of you or your beneficiary have the right to bring a claim for benefits. If for any reason you wish to file such a claim, it should be made in writing to the Claims Review Panel, which will review claims.

### **How Will You Know When Your Claim is Determined?**

If your claim is approved, you will receive benefits and a notification from a representative of the Fund that your claim is approved.

The Claims Review Panel will notify you in writing within 90 days after receiving the claim if it makes an “adverse benefit determination.” The term “adverse benefit determination” includes any of the following: a denial, reduction, or termination of a benefit.

If special circumstances warrant extension of the 90-day processing period, the Claims Review Panel will notify you within the initial 90-day period and indicate the date that the benefit determination will be rendered. Extensions cannot be longer than 90 days after the end of the initial 90-day period beginning when the claim is filed. You may also agree to a further extension of the time period within which the Claims Review Panel must decide the claim.

Notice that your claim is denied will include: (1) the specific reason or reasons for the denial; (2) the specific Plan provisions or documents that the denial is based on; (3) a description of additional material or information that you must provide to assert the claim and an explanation as to why you must do so; (4) a description of the Plan’s review procedures and relevant time limits; (5) a statement of your right to bring a civil action under ERISA following a denial on review with respect to Retirement Plan claims; and (6) a statement that you have a right to appeal the Claims Review Panel’s decision.

### **What Are Your Rights if Your Claim is Denied?**

- (a) After receipt of a notice denying a claim for benefits, you may appeal the Claims Review Panel’s decision to the Benefits Committee. In order to do so, you must submit a written request for review to the Benefits Committee within 60 days after the date that the denial is received. You may also submit written comments, documents, records and other information related to the claim for benefits in the appeal. In addition, after receipt of a notice denying a claim for benefits, you have a right, upon request and free of charge, to review and receive copies of all documents, records and other information relevant to the claim for benefits. A document, record or other information is “relevant” for this purpose if: (1) it was relied upon in making the benefit determination; (2) it was submitted, considered or generated in the course of making the benefit determination (even if it was not relied upon in making the benefit determination); and (3) it demonstrates compliance with the administrative processes and safeguards in making the benefit determination.
- (b) Upon receipt of an appeal, the Benefits Committee will examine your claim, along with all comments, documents, records and other information that you submit relating to the claim, regardless of whether it was submitted or considered in the initial benefit determination. The Benefits Committee must then make a benefit determination no later

than the date of the Benefits Committee quarterly meeting that follows the Fund's receipt of a request for a review. If a request for review is filed within 30 days before the meeting date, then the benefit determination may be made no later than the date of the second meeting following the Fund's receipt of the request for review. If special circumstances (such as the need to hold a hearing) as determined by the Benefits Committee require a further extension of time for processing, a benefit determination will be made not later than the third meeting of the Benefits Committee following the Fund's receipt of the request for review. If an extension is needed, you will be provided with written notice of the extension, describing the special circumstances and the date as of which the benefit determination will be made, prior to the commencement of the extension. You may also agree to a further extension of the time period within which the Benefits Committee must decide the claim. You will be notified of the benefit determination as soon as possible, but no later than five (5) days after the benefit determination is made.

- (c) The Benefits Committee's final decision will be in writing. If your claim on appeal is approved, you will receive benefits and a notification from the Benefits Committee that your claim is approved. If your appeal is denied, the notice must include: (1) the specific reason or reasons for the denial; (2) the specific plan provision on which the determination was based; (3) 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 benefit; and (4) a statement that you have a right to bring a civil action under ERISA. See paragraph (a), above for a description of what information is "relevant."
- (d) You are prohibited from filing any action or proceeding for a claim for benefits in any court or before any administrative tribunal or arbitrator until you exhaust the claim procedures described above. This provision shall be enforceable under ERISA beginning July 1, 2006, with respect to Retirement Plan claims.

Contact Information for General Claims:

Claim requests may be submitted to the Claims Review Panel at the below address:

YMCA Retirement Fund  
140 Broadway, 28<sup>th</sup> Floor  
New York, NY 10005-1197  
Attention: Claims Review Panel

Facsimile: 646-458-2550

Appeal requests may be submitted to the Benefits Committee at the below address:

YMCA Retirement Fund  
140 Broadway, 28<sup>th</sup> Floor  
New York, NY 10005-1197  
Attention: Benefits Committee

Facsimile: 646-458-2550

## **Disability Retirement Claims Procedures**

### **How Do You Bring a Disability Retirement Claim?**

The Fund has retained Liberty Life Assurance Company of Boston (“Liberty Mutual”), an insurance company specializing in disability benefits to be the claims fiduciary and assist in processing claims.

You or anybody authorized to act on behalf of you has the right to bring a claim for disability retirement benefits with respect to Liberty Mutual. If for any reason you wish to file such a claim, it should be made in writing to Liberty Mutual on the disability forms provided by the YMCA Retirement Fund. You can obtain the forms by calling the Customer Service of the YMCA Retirement Fund.

### **How Will You Know When Your Disability Retirement Claim is Determined?**

If your claim is approved, you will receive benefits or a written notification from Liberty Mutual that your claim is approved. Alternatively, Liberty Mutual will provide you with written or electronic notification within 45 days after receiving the claim if it makes an “adverse benefit determination.” The term “adverse benefit determination” means any of the following: a denial, reduction, or termination of, or a failure to provide or make a payment (in whole or in part) for a disability retirement benefit.

If it is determined that special circumstances warrant extension of the 45 day processing period, Liberty Mutual will notify you within the initial 45 day period and indicate the expected date that the benefit determination will be rendered. This initial extension cannot be longer than 30 days after the end of the initial 45 day period.

If Liberty Mutual determines that a decision cannot be made before the end of the 30 day extension period, then the period for making the decision may be extended by another 30 days. Both the original 30 day extension and any subsequent 30 day extension must be necessary (as determined by Liberty Mutual within its discretion) due to matters beyond the control of Liberty Mutual or the Retirement Plan. For any 30 day extension of a disability retirement claim, you will be notified of the need for the extension before the current period expires. The notice will specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevented deciding the disability retirement claim, and the additional information needed to resolve those issues. You also will be given at least 45 days to provide that information or to submit to a requested examination. If an extension occurs due to your failure to submit needed information, the period for making the benefit determination on review will be extended from the date that notification of extension is sent to you until the date that you respond to the request for additional information is received or the date the extension period ends, whichever is earlier.

Notice that a disability retirement claim is denied will include: (1) the specific reason or reasons for the denial; (2) the specific Retirement Plan provision or documents that the denial is based on; (3) a description of any additional necessary material or information that you must provide to perfect the claim and an explanation as to why such material or information is necessary; (4) an explanation of any scientific or clinical judgment relied upon to decide the claim, or a statement that such an explanation will be provided free of charge; (5) any internal rule, guideline, protocol, or other similar criterion relied upon to make the adverse benefit determination, or a statement that such a rule, guideline, protocol or other similar criterion was relied upon and that you may receive a free copy of it upon request; (6) a description or copy of these procedures and relevant time limits, and a statement of your right to bring a civil action under ERISA following a denial on review; and (7) a statement that you have a right to appeal Liberty Mutual's decision.

#### What Are Your Rights if Your Disability Retirement Claim is Denied?

- (a) After receipt of a notice denying a claim for disability retirement benefits (or failure to receive notice that a claim was denied or approved within the applicable time limits, which is considered a denial), you may appeal Liberty Mutual's decision. In order to do so, you must submit a written request for review to Liberty Mutual within one hundred and eighty (180) days after the date that the denial is received. You may also submit written comments, documents, records and other information related to the claim for benefits in the appeal. In addition, after receipt of a notice denying a claim for benefits, you have the right, upon request and free of charge, to review and receive copies of all documents, records and other information relevant to the claim for benefits. A document, record or other information is "relevant" for this purpose if: (1) it was relied upon in making the benefit determination; (2) it was submitted, considered or generated in the course of making the benefit determination (even if it was not relied upon in making the benefit determination); and (3) it demonstrates compliance with the administrative processes and safeguards in making the benefit determination.
- (b) The claim for disability retirement benefits will be reviewed anew on appeal. No deference will be given to the original denial. The review will be conducted by a review committee of Liberty Mutual separate from (and not subordinate to) the reviewing body of Liberty Mutual who made the original claim denial. If the decision is based in whole or in part on a medical judgment, including determinations with regard to whether a particular treatment, drug or other item is experimental, investigational, or not medically necessary or appropriate, then the review will include consultation with a health care professional who has appropriate training and experience in the field of medicine involved, and who has not consulted with respect to (and is not subordinate to someone who has consulted with respect to) the original denial. Upon your request, any medical, or vocational experts consulted in connection with the disability retirement claim will be identified, without regard to whether their advice was relied upon in making the determination.
- (c) Upon receipt of an appeal, Liberty Mutual will review the disability retirement claim anew, along with all comments, documents, records and other information submitted by you relating to the claim, regardless of whether such items were submitted or considered in the initial benefit determination. Liberty Mutual must then issue a final decision within 45 days after the date that you filed an appeal in accordance with these procedures. The clock begins running on the date that you properly file a written appeal, regardless of whether all

the information necessary to make a benefit determination on review was included with it. Liberty Mutual has discretion to extend this period due to your failure to submit the information necessary to make a decision. If Liberty Mutual determines that special circumstances require an extension of the 45 day period, Liberty Mutual must notify you in writing before the end of the initial 45 day period, indicating the special circumstances warranting an extension for processing the appeal and the expected date by which a determination will be made. The extension may not be more than 45 days after the end of the initial 45 day period. If such an extension occurs due to your failure to submit needed information, the period for making the benefit determination on review will be extended from the date that notification of extension is sent to you until the date that you respond to the request for additional information is received, or the date the extension period ends, whichever is earlier.

- (d) Liberty Mutual will provide you with written or electronic notification of its final decision. If your claim on review is approved, you will receive benefits or a short letter from Liberty Mutual that your claim is approved. If your appeal is denied, the notice must include: (1) the specific reason or reasons for the denial; (2) the specific Retirement Plan provision on which the determination was based; (3) 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 the claim for benefits; (4) a statement that you have the right to bring a civil action under ERISA; (5) if an internal rule, guideline, protocol or similar criterion was relied upon in making the adverse benefit determination, either the specific rule, guideline, protocol, or other similar criterion or a statement that such rule, guideline, protocol or other similar criterion was relied upon in making the adverse benefit determination and that a copy will be provided free of charge upon request by you; and (6) if the adverse benefit determination is based upon a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Retirement Plan to your medical circumstances, or a statement that such explanation will be provided free of charge upon request. A document, record or other information is “relevant” for this purpose if: (1) it was relied upon in making the benefit determination; (2) it was submitted, considered or generated in the course of making the benefit determination (even if it was not relied upon in making the benefit determination); and (3) it demonstrates compliance with the administrative processes and safeguards in making the benefit determination.
- (e) You are prohibited from filing any action or proceeding for a claim for benefits in any court or before any administrative tribunal or arbitrator until you exhaust the claim procedures described above. This provision shall be enforceable under ERISA beginning July 1, 2006 with respect to Retirement Plan claims.

Contact Information for Disability Retirement Claims:

Disability claim requests/applications may be obtained from the YMCA Retirement Fund (Telephone number 1-800-738-9622) and submitted to Liberty Mutual at the below address:

Liberty Life Assurance Company of Boston  
Disability Claims  
P.O. Box 1525  
Dover, NH 03821-0268  
Facsimile: 603-743-6422

Disability retirement appeal requests should be submitted to Liberty Mutual at the below address:

Liberty Life Assurance Company of Boston  
Disability Claims  
P.O. Box 1525  
Dover, NH 03821-0268  
Facsimile: 603-743-6422

Compliance with Applicable Laws:

The above claims procedures are intended to comply the Department of Labor Regulation Section 2560.503-1 and shall be construed, interpreted and applied in accordance with such Section. Electronic notifications with respect to benefit claims will be made in compliance with applicable law.

Additional Information

If you have any questions about the Retirement Plan or Savings Plan which are not answered by this summary please contact the plan administrator at 1-800-RET-YMCA.