

SHEET METAL WORKERS' LOCAL 270 WELFARE FUND

Hearing Aid Benefit

Sheet Metal Workers' Local 270 Welfare Fund provides a hearing aid benefit subject to the following eligibility requirements. Beginning at age 50, Employees, including Employees under a non-bargaining unit participation agreement, eligible for coverage under the Sheet Metal Workers' Local 270 Welfare Fund may receive reimbursement for part of the cost to purchase a hearing aid. The amount of the reimbursement shall be limited to Fifty Percent (50%) of the cost of the hearing aid, and in no event shall the reimbursement exceed Three Thousand Dollars (\$3,000.00). Retirees, persons participating in the Fund under COBRA, and Dependents of an Employee are not eligible for this benefit.

To receive the reimbursement an invoice from the hearing aid provider along with proof of payment of the invoice must be submitted to the Fund office. Reimbursement by the Fund shall be paid no sooner than ten (10) calendar days following the thirty (30) day recession period allowed under Oklahoma law, provided that a refund of the purchase price for the hearing aid has not been requested during the recession period.

Employees eligible for this benefit may apply for a second reimbursement, provided the second request for reimbursement must be made during the period of eligibility in the Welfare Fund and is made at least ten (10) years after the date of the first request for the hearing aid reimbursement benefit. The documents required, amount of the reimbursement and the time for reimbursement shall remain the same.

For purposes of this hearing aid benefit, the following definitions apply:

1. "Hearing aid" means any wearable instrument or device designed or offered for the purpose of aiding or compensating for impaired human hearing and any parts, attachments, or other accessories thereto, but excluding ear molds, batteries, and cords. The term "hearing aid" does not include cochlear implants or cochlear prosthesis.
2. "Hearing aid provider" means any hearing aid dealer or fitter licensed under Oklahoma law, audiologist licensed under Oklahoma law, or any other individual who dispenses hearing aids within the state of Oklahoma.
3. "Recession period" means thirty (30) calendar days from the date the hearing aid is placed in the possession of the purchaser, during which thirty (30) calendar day period, the purchaser shall have the right to cancel the purchase for any reason if the hearing aid is returned to the hearing aid provider in the same condition as when purchased, ordinary wear and tear accepted.

SHEET METAL WORKERS' LOCAL 270 WELFARE PLAN

ACKNOWLEDGMENT - HEARING AID BENEFIT

The Eligible Fund Participant signing below acknowledges that he is eligible to receive a hearing aid benefit from the Sheet Metal Workers' Local 270 Welfare Fund ("Welfare Fund"). The Eligible Fund Participant represents to the Welfare Fund that he purchased a hearing aid on _____ (date) from _____

(Hearing Aid Provider) for the total amount of \$ _____. The Eligible Fund Participant further represents to the Welfare Fund that this is his:

- _____ first request for reimbursement for a hearing aid benefit;
- _____ second request for reimbursement for a hearing aid benefit and that his first request for a reimbursement was made _____ (insert date) which is at least ten (10) years' prior to the date of this second request for reimbursement.

The Eligible Fund Participant further represents to the Welfare Fund that no request for a refund has been made by him for the hearing aid for which he is seeking reimbursement.

The Hearing Aid Provider signing below also hereby represents to the Welfare Fund that the Eligible Fund Participant has not cancelled the purchase for any reason of the hearing aid or requested to return the hearing aid to the Hearing Aid Provider within thirty (30) calendar days from the date the hearing aid was placed in the possession of the Eligible Fund Participant.

"Eligible Fund Participant"

Date: _____

Signature

(Print Name)

"Hearing Aid Provider"

Dated: _____

Company Name

By: _____

(Print Name and Title)