

NATIONAL RETIREMENT FUND

REQUIREMENTS FOR AN ACCEPTABLE RENEWAL CBA

Please return the completed checklist along with a copy of the renewal CBA to:

Felix Afutu, Contract Coordinator
National Retirement Fund
6 Blackstone Valley Place, Suite 302
Lincoln, RI 02765
(401) 495-3307
fafutu@amalgamatedbenefits.com

In order to assure compliance with the notice requirements under the Employee Retirement Income Security Act (“ERISA”) and the Pension Protection Act (“PPA”), the pension plan will not accept or apply any changes which may provide a reduction in the level of contributions for any Participants, a suspension of contributions with respect to any period of service, or any new direct or indirect exclusion of younger or newly hired employees from participation in the Fund.

_____ The Pension contributions listed in the renewal CBA meet the minimum required contribution rates outlined in the Pre-negotiation Review letter and each increase occurs on the designated date.

Have the parties chosen to contribute in excess of the minimum required contributions to provide additional benefits to their members during the term of this CBA?

YES or NO (circle one) - If YES, please list the additional increases and their effective dates:

_____ The CBA is in compliance with ERISA and the PPA; and

_____ does not provide a reduction in the level of contributions for any Participants, including the introduction of an hourly, daily or weekly cap, a suspension of contributions with respect to any period of service, or any new direct or indirect exclusion of younger or newly hired employees from participation in the Fund.

_____ all covered job classifications are listed. The elimination of a previously covered classification is expressly prohibited.

_____ there are no unexplained gaps between the expiration date of the previous CBA and the effective date of the renewal CBA.

_____ does not increase or introduce a minimum hours requirement for eligibility.

_____ does not increase or introduce a probationary period during which contributions will not be made.

It is important that the Fund staff know the names of the individuals signing the CBA. Please include the printed names of the Union and Employer representatives that have signed the renewal CBA.

Union: _____

Employer: _____

Completed By: _____
Print Name

Completed By: _____
Print Name