

**SUPPLEMENT TO AGREEMENT TO PARTICIPATE IN AGREEMENT AND DECLARATION OF TRUST
NATIONAL INTEGRATED GROUP PENSION PLAN (NIGPP)
(Formerly the National Industrial Group Pension Plan)**

Part One – Definitions and Instructions

Regular Time Hours – Hours worked except hours for which a premium rate is paid because such hours are in excess of the maximum workweek applicable to an Employee under section 7(a) of the Fair Labor Standards Act of 1938, as amended, or because such hours are in excess of a bona fide standard workweek or workday. Hours in excess of “regular time hours” may be credited if Contributions are received for such hours.

Benefit Level Increases after January 1, 2024 affect Future Service Only (FSO) – Each increased Benefit Level(s) resulting from this Supplement will be multiplied by the Benefit Units the Participant accrues on or after the effective date of such increased Benefit Level. If there is more than one FSO increase, those amounts resulting from those multiplications are then added up to get the total Age Pension, before any reduction. For example, suppose a Participant has 18 Benefit Units and the Benefit Level is \$25 just before the FSO option is first elected. Assume the FSO Benefit Level becomes \$50 for 3 years, and then becomes \$60 for the 4 years thereafter. The pension benefit will be calculated as follows: (a) 18 x \$25, or \$450, plus (b) 3 x \$50, or \$150, plus (c) 4 x \$60, or \$240 = \$840, the Participant’s monthly Age Pension before any reduction.

Contribution Commencement Date – the date(s) specified in each Participation Agreement as of which Contributions to the Trust Fund are to start at the increased Contribution Rate specified in such Participation Agreement, including any Supplements. The Commencement Date must be the first of the month.

Future Decreases Not Permitted: Note that the Plan does not permit an Employer to negotiate for a lower contribution rate from the rate that was previously paid.

This Supplement must be signed by the appropriate Union and Employer representatives.

If you have any questions or need assistance in completing the form, please call us at 1 888-634-1308 (Option 2).

The completed Supplement should be mailed to:

National Integrated Group Pension Plan
c/o Zenith American Solutions
2 Gateway Center
603 Stanwix Street, Suite 1500
Pittsburgh, PA 15222

Or emailed to:

questions@nigpp.org

Part Two - SUPPLEMENT SPECIFICATIONS

The Supplement to the Participation Agreement previously entered into by the Participating Employer and the Union for the purpose of implementing their agreement with respect to an increase in the Contribution Rate(s) and/or Benefit Level(s). The Contributions under this Supplement will be made for at least all “regular time hours”

Unless otherwise specified below, the parties to this Supplement remain bound by all requirements in their Participation Agreement, including the requirement that the Participating Employer make uniform Contributions to NIGPP for *all* Employees in the collective bargaining unit represented by the Union. Partial coverage of collective bargaining units is not allowed.

For the purposes of this Supplement, Specifications of the original Participation Agreement as it may have been modified before is modified as follows:

- 1. **Service:** This supplement increase applies to: **FUTURE SERVICE ONLY** – service on and after the Contribution Commencement Date(s) specified in item 3. This option will increase benefits for Active Participants ONLY.
- 2. **Contributions are Made:** (check one—should be same as current): hourly weekly
- 3. **New Contribution Rate:** Note that the Contribution Commencement Date MUST be the first of the month and must be the same new contribution rate as indicated on the Memorandum of Agreement or Collective Bargaining Agreement submitted along with this Supplement to Agreement to Participate.

Increase in Contribution Rate

Contribution Commencement Date	New Contribution Rate *
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

* The monthly Benefit Level accrual will increase by eighteen cents for every voluntarily negotiated benefit bearing one cent increase in the hourly Contribution Rate increase agreed to on or after January 1, 2024. For employers that contribute based on weeks worked, rather than on hours worked, the monthly Benefit Level accrual will increase by eighteen cents for every voluntarily negotiated benefit bearing forty cent increase in the Contribution Rate agreed to on or after January 1, 2024.

4. Signatures and Acceptance:

Subject to acceptance by the Board of Trustees, this Supplement is hereby made part of the Participation Agreement. The terms set forth in this Supplement and in the Board’s Certification of Acceptance of this Supplement shall define the Participating Employer’s Contribution obligations to the Plan. Therefore, any term in the Pension Agreement/Collective Bargaining Agreement that is contrary to a term set forth in this Supplement, or in the Board’s Certification of Acceptance of this Supplement, or that is otherwise contrary to the rules of the Plan, shall be of no force and effect unless approved by the Board upon submission of a Supplemental Participation Agreement by the Participating Employer and Union in the form specified by the Board.

NIGPP Employer Number _____

Union _____ Employer _____

By _____
(Print Name)

By _____
(Print Name)

(Signature)

(Signature)

(Title)

(Title)

(Date)

(Date)

Return this completed form to:

**National Integrated Group Pension Plan
c/o Zenith American Solutions
2 Gateway Center
603 Stanwix Street, Suite 1500
Pittsburgh, PA 15222
1-888-634-1308 (Option 2)**

-or-

questions@nigpp.org

*****Please include a copy of the Memorandum of Agreement or Pension Agreement/Collective Bargaining Agreement pertaining to NIGPP and the increase(s) provided in this Supplement.***

The charts below provide examples of contribution rate increases, and the resulting increase in the monthly benefit accrual level for future service (meaning time worked after the effective date of the increase).

For Employers that Contribute On a Per Hour Basis:

Contribution Rate Increase	Benefit Level Increase
\$0.05	\$ 0.90
\$0.10	\$ 1.80
\$0.20	\$ 3.60
\$0.25	\$ 4.50
\$0.30	\$ 5.40
\$0.40	\$ 7.20
\$0.50	\$ 9.00
\$0.60	\$ 10.80
\$0.70	\$ 12.60
\$0.80	\$ 14.40
\$0.90	\$ 16.20
\$1.00	\$ 18.00
\$1.25	\$ 22.50
\$1.50	\$ 27.00
\$1.75	\$ 31.50
\$2.00	\$ 36.00

For Employers that Contribute on a Per Week Basis:

Contribution Rate Increase	Benefit Level Increase
\$2.00	\$0.90
\$4.00	\$1.80
\$5.00	\$2.25
\$10.00	\$4.50
\$20.00	\$9.00
\$16.00	\$7.20
\$20.00	\$9.00
\$24.00	\$10.80
\$32.00	\$14.40
\$36.00	\$16.20
\$40.00	\$18.00
\$60.00	\$27.00
\$80.00	\$36.00