

**SHEET METAL WORKERS #16
HEALTH TRUST'S
DRUG-FREE WORKPLACE PLAN**

November 15, 2006

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LETTER FROM THE BOARD OF TRUSTEES

This booklet describes the Sheet Metal Workers #16 Health Trust's Drug-Free Workplace Plan (the Drug-Free Plan).

The Board of Trustees has determined that the damages and costs that alcohol and drug abuse can cause for sheet metal workers in terms of health, safety and productivity are significant. The Board of Trustees agree that a program to eliminate alcohol and drug abuse in the workplace should contain a strong rehabilitation component. The Board of Trustees also agree the Drug-Free Plan must be administered in accordance with scientific testing principles and must incorporate procedural safeguards to insure fairness in application and protection of legitimate interests of privacy and confidentiality. With these goals in mind, the Board of Trustees has adopted this Drug-Free Plan.

There are two principal components to this Drug-Free Plan: detection of sheet metal workers using drugs or alcohol; and providing an Employee Assistance Program at no cost to sheet metal workers who test positive for drugs and/or alcohol.

This booklet is divided into four parts as follows:

- The first part of the booklet (pages 1 through 14) is in a question and answer format that is intended to answer the most common questions about the Drug-Free Plan;
- The second part of the booklet (pages 15 through 36) is the Plan Document which describes the specific rules and procedures for the Drug-Free Plan. Pages 32 through 35 of the Plan Document outline your appeal rights if you are adversely affected by a decision made by someone associated with the Drug-Free Plan;
- The third part of the booklet (pages 37 through 41) is the Summary Plan Description which is required by the Employee Retirement Income Security Act; and
- The fourth part of the booklet (page 42) provides the names, addresses and telephone numbers of organizations that provide services to the Drug-Free Plan.

When the first letters of words are capitalized, the words are a defined term and the term is defined in the Plan Document starting on page 16.

The Board of Trustees has the discretionary authority to interpret all provisions of the Plan Document. No individual Trustee, Union representative, employer representative or employee of the Program Manager is authorized to interpret the Plan Document for the Board of Trustees. The Board of Trustees has authorized the Program Manager to respond to your written and oral inquiries on an informal basis. However, the written and oral answers provided by the Program Manager are not binding on the Board of Trustees.

If you would like further information concerning the Sheet Metal Workers #16 Health Trust's Drug-Free Workplace Plan, please call or write the Program Manager:

Jana Wolfgang
Wolfgang Associates, Inc.
7220 SW Sylvan Court
Portland, Oregon 97225
(503) 297 - 4113

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**QUESTIONS AND ANSWERS REGARDING THE
SHEET METAL WORKERS #16 HEALTH TRUST'S
DRUG-FREE WORKPLACE PLAN**

1. What is the Sheet Metal Workers #16 Health Trust's Drug-Free Workplace Plan?

The Columbia Chapter Sheet Metal and Air Conditioning Contractors' National Association, Inc., its affiliated members, other Employers in the sheet metal and air conditioning industry and Sheet Metal Workers International Association Local No. 16 are committed to making the workforce safe, productive and as marketable as possible and recognize that an alcohol- and-drug-free workforce is necessary in this effort. These entities are also committed to providing counseling and treatment for Covered Employees with alcohol and/or drug problems. Therefore, the Columbia Chapter Sheet Metal and Air Conditioning Contractors' National Association, Inc. and Sheet Metal Workers International Association Local No. 16 adopted the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules. The parties have also negotiated a \$0.05 per hour Employer contribution to the Sheet Metal Workers #16 Health Trust's Drug-Free Workplace Plan (the Drug-Free Workplace Plan).

The Drug-Free Workplace Plan has the following goals:

- Pay for the services and procedures needed to test Covered Employees to detect the use of drugs and/or alcohol;
- Pay for an Employee Assistance Program which will provide a voluntary confidential assessment to a Covered Employee who has a positive drug and/or alcohol test or Refusal to Test and recommend appropriate education, counseling and/or rehabilitation for the Covered Employee;
- Improve safety by encouraging Covered Employees to remain drug and alcohol free; and
- Improve productivity by eliminating absences and mistakes by Covered Employees due to drugs and alcohol.

2. When does the Drug-Free Workplace Plan start?

The funding for the Drug-Free Workplace Plan started in 2005. Testing of Covered Employees will start after December 1, 2006. Thereafter, all Covered Employees working for Employers who participate in the Drug-Free Workplace Plan in a bargaining unit position will be required to successfully complete a drug and alcohol test or be “grandfathered” by documentation of a recent drug test as a prerequisite to receiving a Drug-Free Workplace Card.

3. What is the Drug-Free Workplace Card?

The Drug-Free Workplace Card is an identification card issued to a Covered Employee that has passed the required drug and alcohol test with a Negative Test Result. The Drug-Free Workplace Card contains the Covered Employee’s name, program identification number, test date, expiration date and other pertinent information.

4. What happens if I lose my Drug-Free Workplace Card?

Contact the Program Manager at (503) 297-4113 and request a replacement card. A nominal fee may be charged to issue a replacement Drug-Free Workplace Card.

5. How do I enroll in the Drug-Free Workplace Plan?

There are two ways to enter the Drug-Free Workplace Plan and receive a Drug-Free Workplace Card.

- Covered Employees who have a current Employer-provided or general contractor-provided drug test card or documented proof of a Negative Test Result that is less than six months old may be “grandfathered” into the Drug-Free Workplace Plan by presenting their drug test card or other documentation to the Program Manager. Upon approval of the drug test card or other documentation by the Program Manager, the Covered Employee will be provided a Drug-Free Workplace Card. The Drug-Free Workplace Card will have an expiration date six months from the test date.
- Covered Employees who have not tested within the last six months or have no proof of testing can obtain a Drug-Free Workplace Card by submitting a

urine sample for testing voluntarily or after being directed to test by their Employers, for instance, for a random test or a contract-required test.. Upon verification of a Negative Test Result, the Covered Employee will be issued a Drug-Free Workplace Card with an expiration date of six months from the date of the test.

6. What types of testing are allowed?

The Sheet Metal Industry Drug-Free Workplace Policy allows for seven types of testing as follows:

- Pre-Employment Testing. A Covered Employee will need a current Drug-Free Workplace Card as a prerequisite to start work for an Employer who has adopted the Sheet Metal Industry Drug-Free Workplace Policy. All applicants for employment with an Employer that has adopted the Sheet Metal Industry Drug-Free Workplace Policy will be required to submit to testing after a conditional offer of employment has been made unless the applicant has a current Drug-Free Workplace Card.
- Contract-Required Testing. In some cases, general contractors or property owners require proof of a recent drug and/or alcohol test as a condition for admission to a job site. In these cases, a Covered Employee may be directed to proceed for testing by his or her Employer.
- Random Testing. A Covered Employee may be subject to two random drug and alcohol tests per calendar year. Only Covered Employees that are working are subject to random testing.
- Post-Accident Testing. A Covered Person who has caused, contributed to, or been injured in a work-related accident shall be subject to Post-Accident Testing if, as a result of the incident: (i) an employee needs off-site medical treatment; or (ii) there is vehicle or property damage that is reasonably believed to exceed \$500. A drug and alcohol test will be performed no later than four hours after the Employer has knowledge of the incident. However, at no time will testing requirements supersede medical needs.
- Reasonable Suspicion Testing. Reasonable suspicion exists when a Covered Employee displays aberrant or unusual behavior or signs or symptoms of alcohol or drug use. In such cases, the Covered Employee

may be subject to testing. Behavior which calls for reasonable suspicion testing:

- Is observed by the Covered Employee's immediate supervisor or others, confirmed by the observation of a supervisory or managerial employee and documented by the observers;
 - Is the type of behavior that is recognized and accepted as a symptom of intoxication or impairment caused by controlled substances or alcohol or addiction to or dependence upon controlled substances or alcohol; and
 - Is not reasonably explained as resulting from causes other than the use of controlled substances or alcohol (such as, but not limited to, fatigue, lack of sleep, side effects of over-the-counter medication, reactions of noxious fumes or smoke, etc.).
- Return-to-Work Testing. After a Covered Employee has a Positive Test Result or a Refusal to Test, a Negative Test Result is required as one of the conditions to return to work.
 - Follow-Up Testing. After a Covered Employee who has had a Positive Test Result or a Refusal to Test has completed the return-to-work requirements, the Program Manager and/or Employee Assistance Program may require up to four additional tests per year for two years in addition to any other testing allowed under the Plan.

7. What drugs and alcohol will I be tested for and what constitutes a positive test?

Section 2.20 of the Plan Document, page 19, lists the Prohibited Substances and the initial screening and confirmation test cut-off levels that will result in a Positive Test Result.

8. What is the testing procedure?

Once you are scheduled to test, do the following:

- Report to the Collection Facility as directed within two hours after being notified to test. You will be provided a list of Collection Facilities in your area.
- Take a government-issued identification card with a picture, such as a driver's license, to the Collection Facility along with the test request form if your Employer has given you this form. Tell the receptionist at the Collection Facility that you are testing for the Sheet Metal Workers Drug-Free Workplace Plan.
- Do not drink excessive amounts of liquids before the test.
- At the Collection Facility, you will complete a custody and control form.
- You will be asked to provide a urine sample in a manner that permits individual privacy.
- Your urine sample will be separated into two containers by the collector. One portion of the original sample will be kept secure and chemically stable and analyzed by a Licensed Laboratory. The "split sample" will be kept secure and chemically stable to allow you to have the split sample independently examined by a Licensed Laboratory of your choice in the event of a Positive Test Result. See Q&A 9 and Section 3.4 of the Plan Document on page 22 regarding testing of the split sample.
- It is your responsibility to double-check all paperwork and watch the collector label and seal the bottle.
- The custody and control form must be returned to your Employer to confirm that you reported to and provided a urine sample at a Collection Facility within the appropriate period of time.
- You are not required to pay any money to the Collection Facility.

9. How am I notified of the test results?

If the test results are negative (you pass), you will receive a Drug-Free Workplace Card. Your Drug-Free Workplace Card will be provided to you by your Employer shortly after the Program Manager receives the Negative Test Result.

If the test results are positive for a Prohibited Substance (see Section 2.20 of the Plan Document on page 19 for a list of Prohibited Substances), the Licensed Laboratory will report the Positive Test Result to the Medical Review Officer. The Medical Review Officer will attempt to contact you to discuss whether the Positive Test Result may have been caused by a reason other than a Prohibited Substance. For example, the Medical Review Officer can inquire about prescription and nonprescription drug use and determine if there is a legitimate reason to change the Positive Test Result. (See Q&A 14 for more information about the Medical Review Officer's role.) After a review of findings, the Medical Review Officer will notify the Program Manager whether you have a Negative Test Result (at which point you will receive a Drug-Free Workplace Card) or a Positive Test Result.

In the event of a Positive Test Result, the Program Manager will forward a confidential written notice to you through your Employer's designated representative. The confidential written notice will tell you that you had a Positive Test Result for a Prohibited Substance. The written notice will not state the Prohibited Substance(s) that caused the Positive Test Result. That information is confidential and will not be provided to your Employer without your consent.

The confidential written notice of a Positive Test Result will provide the options available to you, including:

- Contact the Employee Assistance Program and make an appointment for a confidential interview which will result in a recommendation for an appropriate education, counseling or rehabilitation program. The Employee Assistance Program will also determine whether you can return to work while undergoing the education, counseling or rehabilitation program. (See Q&A 16 for more information about the Employee Assistance Program.)

If the Employee Assistance Program determines that you can return to work, the Program Manager will instruct you to report to a Collection Facility for another test. A Negative Test Result is necessary before the Program Manager will issue a work release to your Employer's designated representative.

You must participate in the Employee Assistance Program's recommended education, counseling or rehabilitation program. Failure to do so can result in revoking the return-to-work release and notification to your Employer's designated representative that you are not in compliance with the Plan. A Covered Employee who is not in compliance with the Plan is subject to

termination under the terms of the Employer's Sheet Metal Industry Drug-Free Workplace Policy. After you have completed the education, counseling or rehabilitation program recommended by the Employee Assistance Program, you will be issued a Drug-Free Workplace Card.

- Request a split specimen test. A Covered Employee with a Positive Test Result shall have the right to have the secure portion of his/her urine sample independently examined by a Licensed Laboratory of his/her choice at his/her expense. The laboratory selected must meet the same certification requirements as the Licensed Laboratory used by the Plan. See Section 2.13 of the Plan Document on page 18 for the requirements for a Licensed Laboratory. The Covered Employee must request a test of the secure portion of his/her urine sample within ten (10) working days after notice of a Positive Test Result. The request is made to the Program Manager whose name, address and telephone number are listed on page 42.

A Covered Employee who has a Positive Test Result is subject to Follow-Up Testing as recommended by the Employee Assistance Program or Program Manager. The Follow-Up Testing may involve up to four additional tests per year for two years in addition to any other testing allowed under the Plan.

10. What happens if my Drug-Free Workplace Card expires?

If your Drug-Free Workplace Card has expired and you wish to renew it voluntarily, contact your Employer or the Program Manager at (503) 297-4113. Your Employer or the Program Manager will provide instructions concerning the procedure for reporting to a Collection Facility for a test. You must follow your Employer's or the Program Manager's instructions concerning the time to report for testing.

11. How often can I be selected for random testing?

You can be selected for random testing up to two times per calendar year.

12. How will I know if I have been selected for random testing?

Your Employer has selected up to two representatives who will receive notice from the Program Manager that a Covered Employee has been randomly selected for

testing. The representative will give you a copy of a Drug Testing Employee Random Selection form from the Program Manager and instructions concerning reporting to the Collection Facility for random testing.

You are required to report to a Collection Facility within two hours. You will then follow the Testing Procedure in Q&A 8.

13. Am I Subject to Random Testing if I am Unemployed, on Vacation or Working Out of the Jurisdiction?

No. Covered Employees are subject to random testing only when they are working for an Employer who has adopted the Sheet Metal Industry Drug-Free Workplace Policy. If you are employed by an Employer who has adopted the Sheet Metal Industry Drug-Free Workplace Policy but are on vacation or working outside the area of Collection Facilities, you will not be required to test until you return from vacation or return to work in the geographic area of the Collection Facilities.

14. What is the Medical Review Officer's role?

The Medical Review Officer is a licensed physician or an organization that employs licensed physicians that review positive, invalid, adulterated, and/or substituted test results. The Medical Review Officer has knowledge of substance abuse disorders and appropriate medical training to interpret and evaluate a Covered Employee's positive, invalid, adulterated, and/or substituted test result. The Medical Review Officer will interpret and evaluate test results based on your medical history and any relevant biomedical information. For example, the Medical Review Officer can inquire about prescription and nonprescription drug usage and determine if there is legitimate reason to change the Positive Test Result. The Medical Review Officer can also determine if there has been an error in the Chain of Custody of your urine specimen that would require cancellation of the Positive Test. The name, address and telephone number of the Medical Review Officer is on page 42.

15. How can I determine the specifics regarding my Positive Test Result?

In order to maintain confidentiality, the designated representative of your Employer will only be notified that you had a Positive Test Result. The designated representative will not be told the Prohibited Substance(s) that caused the Positive Test Result.

You may obtain this information by contacting the Program Manager whose name, address and telephone number is listed on page 42. The Program Manager will ask you for identifying information, then provide you with information regarding the Prohibited Substance(s) and the level(s) of the Prohibited Substance(s) in your urine that resulted in the Positive Test Result. This information is provided by the Licensed Laboratory to the Medical Review Officer and will also be made available to the Employee Assistance Program.

16. What is the Employee Assistance Program?

The Sheet Metal Workers #16 Health Trust has contracted with Providence Employee Assistance Program to help Covered Employees who have a Positive Test Result by providing a free confidential evaluation to determine the level of assistance needed to remain free of alcohol and drugs during work hours. The name, address and telephone number of the Employee Assistance Program is listed on page 42. The evaluator normally recommends an education, counseling or rehabilitation program following the confidential evaluation. The Drug-Free Workplace Plan pays for the evaluation with the Employee Assistance Program but does not pay for the recommended education, counseling or rehabilitation program. You may be eligible to have these expenses paid through the Sheet Metal Workers #16 Health and Welfare Plan. If you are not eligible for benefits through the Sheet Metal Workers #16 Health and Welfare Plan or if the education, counseling or rehabilitation is not a covered expense, you must assume responsibility for the cost of the education, counseling or rehabilitation program recommended by the Employee Assistance Program.

17. What happens if I fail to report to the Employee Assistance Program or fail to follow the Employee Assistance Program's recommended education, counseling or rehabilitation program?

Your Employer's designated representative will be notified that you are not in compliance with the Drug-Free Workplace Plan. You can return to compliance by reporting to the Employee Assistance Program and following the recommended education, counseling or rehabilitation program. Non-compliance can result in adverse employment actions such as a suspension or termination of employment. Refer to the Sheet Metal Industry Drug-Free Workplace Policy for possible employment sanctions and appeal rights. See Q & A 22 for the procedure to obtain the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules.

18. What if I refuse to test?

Testing is mandatory. Refusal to Test will result in your Drug-Free Workplace Card becoming invalid immediately. Your Employer's designated representative will be notified that you are not in compliance with the Drug-Free Workplace Plan. Non-compliance can result in adverse employment actions such as suspension or termination of employment. Refer to the Sheet Metal Industry Drug-Free Workplace Policy for possible employment sanctions and appeal rights. See Q&A 22 for the procedure to obtain the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules.

A Refusal to Test may include, but is not limited to instances where:

- Your urine sample shows evidence of an Adulterant. See Section 2.1 and 3.7 of the Plan Document pages 16 and 23.
- Your urine sample is a Substituted Specimen. See Section 2.24 and 3.7 of the Plan Document on pages 20 and 23.
- You engage in conduct that interferes with the testing process, such as refusal to test, failure to appear at the Collection Facility, refusal to provide valid identification or a signature where required.
- You engage in disruptive, belligerent or offensive conduct at the Collection Facility.
- You arrive unreasonably late at the Collection Facility.
- You leave the Collection Facility when advised that a urine sample must be recollected.

In the event of a Refusal to Test, the Program Manager will forward a confidential written notice to you through your Employer's designated representative. The confidential written notice will tell you that you had a Refusal to Test.

The confidential written notice of a Refusal to Test will direct you to contact the Employee Assistance Program and make an appointment for a confidential interview which will result in a recommendation for an appropriate education, counseling or rehabilitation program. The Employee Assistance Program will also determine whether you can return to work while undergoing the education, counseling or rehabilitation program.

If the Employee Assistance Program determines that you can return to work, the Program Manager will instruct you to report to a Collection Facility for a test. A Negative Test Result is necessary before the Program Manager will issue a work release to your Employer's designated representative.

You must participate in the Employee Assistance Program's recommended education, counseling or rehabilitation program. Failure to do so can result in revoking the return-to-work release and notification to your Employer's designated representative that you are not in compliance with the Plan. Non-compliance can result in adverse employment actions such as a suspension or termination of employment. Refer to the Sheet Metal Industry Drug-Free Workplace Policy for possible employment sanctions and appeal rights. After you have completed the education, counseling or rehabilitation program recommended by the Employee Assistance Program, you will be issued a Drug-Free Workplace Card.

A Covered Employee who has a Refusal to Test is subject to Follow-Up Testing as recommended by the Employee Assistance Program or Program Manager. The Follow-Up Testing may involve up to four additional tests per year for two years in addition to any other testing allowed under the Plan.

19. What if I provide an adulterated urine sample or a substituted urine sample?

An Adulterant in your urine sample means a substance in your urine sample which either does not occur naturally in human urine or occurs naturally in human urine but not at the levels or concentrations detected in your urine specimen and includes any substance intended to be placed in your urine sample. See Section 2.1 of the Plan Document on page 16.

A Substituted Specimen means a urine sample that you have provided that does not belong to you, or a urine sample that does belong to you but which was excreted at an earlier time, or fluid that is not human urine. See Section 2.24 of the Plan Document on page 20.

If you provide an Adulterated urine sample or a Substituted Specimen, your Drug-Free Workplace Card will become invalid immediately. Your Employer's designated representative will be notified that you are not in compliance with the Drug-Free Workplace Plan. Non-compliance can result in adverse employment actions such as suspension or termination of employment. Refer to the Sheet Metal Industry Drug-Free Workplace Policy for possible employment sanctions and appeal rights. See Q&A 22 for

the procedure to obtain the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules.

If you provide a specimen with an Adulterant or a Substituted Specimen, this is considered as a Refusal to Test. The Program Manager will forward a confidential written notice of the Refusal to Test to you through your Employer's designated representative. The confidential written notice will tell you that you had a Refusal to Test.

The confidential written notice of a Refusal to Test will direct you to contact the Employee Assistance Program and make an appointment for a confidential interview which will result in a recommendation for an appropriate education, counseling or rehabilitation program. The Employee Assistance Program will also determine whether you can return to work while undergoing the education, counseling or rehabilitation program.

If the Employee Assistance Program determines that you can return to work, the Program Manager will instruct you to report to a Collection Facility for a test. A Negative Test Result is necessary before the Program Manager will issue a work release to your Employer's designated representative.

You must participate in the Employee Assistance Program's recommended education, counseling or rehabilitation program. Failure to do so can result in revoking the return-to-work release and notification to your Employer's designated representative that you are not in compliance with the Plan. Non-compliance can result in adverse employment actions such as suspension or termination of employment. Refer to the Sheet Metal Industry Drug-Free Workplace Policy for possible employment sanctions and appeal rights. See Q&A 22 for the procedure to obtain the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules. After you have completed the education, counseling or rehabilitation program recommended by the Employee Assistance Program, you will be issued a Drug-Free Workplace Card.

A Covered Employee who has a Refusal to Test is subject to Follow-Up Testing as recommended by the Employee Assistance Program or Program Manager. The Follow-Up Testing may involve up to four additional tests per year for two years in addition to any other testing allowed under the Plan.

20. If I am not in compliance with the Drug-Free Workplace Plan, how do I return to compliance?

Contact the Program Manager, whose name, address and telephone number are listed on page 42. In general, an individual can return to compliance by reporting to the Employee Assistance Program, completing any recommended education, counseling or rehabilitation program, and providing a urine sample which results in a Negative Test Result.

21. Can I appeal the test results or other aspects of the testing process?

You can appeal the test results and other aspects of the testing process. See Plan Document Article VI on page 33. The Board of Trustees for the Sheet Metal Drug-Free Workplace Plan has appointed a Claim Appeal Committee consisting of an equal number of Employer Trustees and Union Trustees to hear your appeal. Please note that the Appeal Procedures in Article VI of the Plan Document are not applicable to any adverse employment decision that your Employer may take against you following a Positive Test Result or a Refusal to Test. See Section 6.7 of the Plan Document on page 36. You may have remedies under the Sheet Metal Workers Industry Drug-Free Workplace Policy and/or the Collective Bargaining Agreement with respect to an adverse employment decision as the result of a Positive Test Result or a Refusal to Test.

22. How do I get a copy of the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules negotiated by the Columbia Chapter Sheet Metal and Air Conditioning Contractors' National Association, Inc. and Sheet Metal Workers International Association Local No. 16?

Make the request in writing to the Program Manager or the Administrative Agent. Their names and addresses are in Appendix B of the Plan Document on page 42.

23. The general contractor or property owner will not accept my Drug-Free Workplace Card. What do I do?

We hope that general contractors and property owners will accept the Sheet Metal Drug-Free Workplace Plan and the Drug-Free Workplace Card in lieu of their own testing procedures. If a general contractor or property owner will not accept the Drug-Free Workplace Card, you should either submit to the general contractor's or property owner's test or immediately contact your Union representative. The Sheet Metal Drug-

Free Workplace Plan and Drug-Free Workplace Card are only binding on sheet metal contractors who have agreed to abide by the Sheet Metal Industry Drug-Free Workplace Policy and the Sheet Metal Workers Drug-Free Workplace Plan.

In the event there are any conflicts or inconsistencies between these Questions and Answers and the Plan Document which starts on page 15, the Plan Document controls.

**SHEET METAL WORKERS #16 HEALTH TRUST'S
DRUG-FREE WORKPLACE PLAN**

Plan Document Effective November 15, 2006.

**ARTICLE I
Purpose.**

The Sheet Metal Workers #16 Health Trust's Drug-Free Workplace Plan ("the Drug-Free Plan" or "the Plan") has been created to provide and pay for the services necessary for alcohol and drug testing under the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules adopted by Sheet Metal Workers' International Association Local Union No. 16 and the Columbia Chapter Sheet Metal and Air Conditioning Contractors' National Association, Inc. When test results show an unacceptable level of alcohol or drug that can impair a Covered Employee's ability to work safely and efficiently, the Drug-Free Plan will pay for an evaluation by an Employee Assistance Program and facilitate a referral for education, counseling or rehabilitation as appropriate. For those Covered Employees who are eligible for health and welfare coverage through the Sheet Metal Workers #16 Health Plan for Active Members, additional medical benefits, including counseling and/or medical treatment, may be available. The Drug-Free Plan has also been created to promote and protect the health and safety of Covered Employees in the Sheet Metal Workers #16 Health Plan for Active Members.

ARTICLE II

Definitions.

Section 2.1. Adulterant. The term “Adulterant” means any substance detected in a Covered Employee’s urine sample which either does not occur naturally in human urine; occurs naturally in human urine, but not at the levels or concentrations detected in the urine specimen; and includes any substance intended to be placed in a urine specimen by a Covered Employee subject to this Plan.

Section 2.2. Board of Trustees. The term “Board of Trustees” means the individuals designated to serve as Trustees of the Sheet Metal Workers #16 Health Trust.

Section 2.3. Chain of Custody. The term “Chain of Custody” means procedures to account for the integrity of each urine sample given by a Covered Employee subject to this Plan from collection to final disposition of the urine sample.

Section 2.4. Collection Facility. The term “Collection Facility” means a facility under contract with the Trust or Licensed Laboratory where a Covered Employee subject to this Plan reports to provide a urine sample.

Section 2.5. Collective Bargaining Agreement. The term “Collective Bargaining Agreement” means the Standard Form of Union Agreement between the Union and the Employer Association; any other collective bargaining agreement in the sheet metal industry between the Union and an Employer that has adopted the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules; and any extensions, amendments, modifications or renewals of the above-described agreements and any substitute or successor agreements to them which provide for contributions to provide funding for this Plan.

Section 2.6. Covered Employee. The term “Covered Employee” means an individual whose Employer has adopted the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules and can include:

- (a) “Bargaining Unit Employees” which means Employees who perform work covered by a Collective Bargaining Agreement.
- (b) “Non-Bargaining Unit Employees” which means Employees of an Employer who do not perform work covered by a Collective Bargaining Agreement but have health and welfare benefits provided through the Trust

pursuant to a Participation Agreement between the Employer and the Trustees.

- (c) “Applicants” which means individuals who are seeking work under a Collective Bargaining Agreement or seeking work in a non-bargaining unit position for an Employer signatory to a Participation Agreement with the Trustees.

Section 2.7. Drug-Free Workplace Card. The term “Drug-Free Workplace Card” means a card issued to a Covered Employee who has a verified Negative Test Result and/or has completed the Employee Assistance Program’s recommended education, counseling and/or treatment program. The Drug-Free Workplace Card contains the Covered Employee’s name, identification number, last test date and expiration date. A lost or stolen Drug-Free Workplace Card is subject to a re-issue fee. A Drug-Free Workplace Card is valid for six (6) months after the date of the last test date. A Drug-Free Workplace Card may become invalid at an earlier date if the Covered Employee fails to follow the Plan’s provisions.

Section 2.8 Employee Assistance Program. The term “Employee Assistance Program” means a service provider with whom the Trust contracts to provide a voluntary, confidential assessment to a Covered Employee who has a Positive Test Result or a Refusal to Test. The Employee Assistance Program recommends appropriate education, counseling and/or rehabilitation for a Covered Employee. The current Employee Assistance Program is Providence Employee Assistance Program, whose address and telephone number are listed in Appendix B.

Section 2.9. Employer. The term “Employer” means an entity signatory or bound by a Collective Bargaining Agreement or a Participation Agreement and who has adopted the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules.

Section 2.10. Employer Association. The term “Employer Association” means the Columbia Chapter Sheet Metal and Air Conditioning Contractors’ National Association, Inc.

Section 2.11. Follow-Up Testing. The term “Follow-Up Testing” means testing after a Positive Test Result or a Refusal to Test as recommended by the Employee Assistance Program and/or the Program Manager.

Section 2.12. Health and Welfare Plan. The term “Health and Welfare Plan” means the Sheet Metal Workers #16 Health Plan for Active Members as it currently exists and any future amendments, modifications, revisions or restatements thereof.

Section 2.13. Licensed Laboratory. The term “Licensed Laboratory” means a U.S. Department of Health and Human Services certified medical facility which has a contract with the Program Manager and/or Trust to perform a Test for Prohibited Substances based on specimens provided by Covered Employees. The current Licensed Laboratory is Legacy Metrolab whose address and telephone number are listed in Appendix B.

Section 2.14. Medical Review Officer. The term “Medical Review Officer” means a licensed physician or an organization employing a licensed physician with whom the Trust contracts to review a positive, invalid, adulterated, and/or substituted test result. The Medical Review Officer shall have knowledge of substance abuse disorders and appropriate medical training to interpret and evaluate a Covered Employee’s positive, invalid, adulterated, and/or substituted test result. The current Medical Review Officer is Cascade Occupational Medicine Physicians, Inc. whose address and telephone number are listed in Appendix B.

Section 2.15. Negative Test Result. The term “Negative Test Result” means test levels for Prohibited Substances which are below the test levels indicated in Section 2.20 or a result which has been verified as negative by the Medical Review Officer because the substance present has been authorized by a licensed health care provider and appears to have been used according to the provider’s instructions.

Section 2.16. Participation Agreement. The term “Participation Agreement” means a written agreement between an Employer or the Union requiring contributions to the Trust on behalf of its common law employees who are not covered by a Collective Bargaining Agreement.

Section 2.17. Plan. The term “Plan” means this Drug-Free Workplace Plan which has been adopted by the Board of Trustees and any future amendments, modifications, revisions or restatements of this Plan. This document constitutes the Plan Document for the Sheet Metal Workers #16 Health Trust’s Drug-Free Workplace Plan.

Section 2.18. Positive Test Result. The term “Positive Test Result” means test levels for Prohibited Substances on both the initial test and confirmatory test which are above the test levels indicated in Section 2.20. A Covered Employee with a Positive Test Result must follow the procedures in Section 3.11 in order to return to work.

Section 2.19. Program Manager. The term “Program Manager” means a service provider with whom the Trust contracts to provide management services related to this Plan. The current Program Manager is Wolfgang Associates, Inc. whose address and telephone number are listed in Appendix B.

Section 2.20. Prohibited Substances. The term “Prohibited Substances” means any form of alcohol and/or other intoxicating substance, narcotic plant or similar substance, whether legal or not, including medical marijuana and legal prescription drugs obtained illegally. The Prohibited Substances in urine specimens are subject to initial screening through Enzyme Immunoassay (EMIT) and confirmation through Gas Chromatography/Mass Spectrometry (GC/MS). The following Prohibited Substances are currently tested under this Plan. The cut-off values for which a Positive Test Result will be reported are shown below:

Prohibited Substance	EMIT Screening	GC/MS Confirmation
Alcohol	10 mg/dL	10 mg/dL
Amphetamines, including Methamphetamines	1,000 ng/mL	500 ng/mL
Cannabinoid	50 ng/mL	15 ng/mL
Barbiturates	200 ng/mL	200 ng/mL
Cocaine	300 ng/mL	150 ng/mL
Opiates	2,000 ng/mL	2,000 ng/mL

Alcohol may also be tested in breath samples. The cut-off for screening and confirmation testing for breath alcohol testing is 0.020 g/210 L.

Section 2.21. Random Selection Testing. The term “Random Selection Testing” means computer-selected testing as required under the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules using commercially available software designed for that purpose. A Covered Employee may be subject to two random tests per calendar year.

Section 2.22. Refusal to Test. The term “Refusal to Test” means any conduct by a Covered Employee that interferes with the Test process, such as refusing or failing to appear at a Collection Facility within the designated time; refusing or failing to complete documentation properly and accurately; refusing to provide valid identification or signatures or initials where required; disruptive, belligerent or offensive conduct at the Collection Facility; unreasonably late arrival at the Collection Facility; leaving the Collection Facility when advised that a specimen must be recollected (such as, for example, when the original specimen is out of temperature range); adulterating a specimen; having known Adulterants on the Covered Employee’s person when appearing at a Collection Facility even if no Adulterant is introduced into the specimen; or providing a Substituted Specimen. A Covered Employee who has had a Refusal to Test must follow the procedures in Section 3.14 in order to return to work.

Section 2.23. Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules. The term “Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules” means the policy and administrative rules which have been adopted by the Employer Association and Union and any future amendments, modifications, revisions or restatements thereto. A copy of the document may be obtained from the Program Manager or by contacting the Trust’s administrative agent. The address and telephone number for the Program Manager and the Trust’s administrative agent are listed in Appendix B.

Section 2.24. Substituted Specimen. The term “Substituted Specimen” means any specimen provided by a Covered Employee that does not belong to the Covered Employee submitting the specimen, human urine belonging to the Covered Employee submitting the specimen but which was excreted at an earlier time, or a fluid that is not human urine.

Section 2.25. Test. The term “Test” means an analysis conducted on a urine sample or other specimen sample to determine the presence or absence of a Prohibited Substance within the sample. The following tests are currently used:

- (a) Enzyme Immunoassay Testing (EMIT). The EMIT Test is an initial screening test used to eliminate negative test results from further testing.
- (b) Gas Chromatography/Mass Spectrometry Testing (GC/MS). A GC/MS Test is a second analytical procedure used on samples which test positive using the EMIT Test. The GC/MS Test is used to identify the presence of a Prohibited Substance which is independent of the EMIT Test and which

uses a different technique and chemical principle from the EMIT Test in order to help ensure reliability and accuracy.

- (c) **Breath Alcohol Testing.** An analysis of breath for the presence and quantity of alcohol. The results of the test can be correlated with the degree of impairment.

Section 2.26. Trust. The term “Trust” means Sheet Metal Workers #16 Health Trust.

Section 2.27. Union. The term “Union” means Sheet Metal Workers International Association Local No. 16.

ARTICLE III Testing Procedures.

Section 3.1. Testing Procedures. The Testing procedures described in this Article will be used to test Covered Employees who are subject to testing pursuant to the terms of the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules.

Section 3.2. Reporting for Testing. Covered Employees must report for Testing at a Collection Facility within two hours of receiving notice to test. If the Covered Employee is on vacation or working out of the geographic area where Collection Facilities are located, he/she shall be required to take the Test upon returning from vacation or to the geographic area where Collection Facilities are located.

Section 3.3. Testing. Collection of a Covered Employee's urine specimen shall be at a Collection Facility. Specimens will be provided in a manner that permits individual privacy. Testing of the specimen will be performed by a Licensed Laboratory. The purpose of the Test is to determine a Negative Test Result or Positive Test Result for Prohibited Substances. Testing and the Chain of Custody will be conducted in accordance with recommended procedures established for the U.S. Department of Health and Human Services' Mandatory Guidelines for Federal Workplace Drug Testing Programs.

Section 3.4. Testing Procedures. Urine samples will be separated into two containers at the time of donation. One portion of the original sample will be kept secure and chemically stable until analyzed by a Licensed Laboratory. The split sample will be kept secure and chemically stable for a period of not less than twenty-four (24) hours for a Negative Test Result and for at least one year for a Positive Test Result. A Covered Employee with a Positive Test Result, an Adulterated result or a Substituted Specimen result shall have the right to have the split portion of his/her urine sample independently examined by a laboratory of his/her choice and at his/her expense. The laboratory selected shall meet the same certification requirements as the Licensed Laboratory. The Covered Employee must request a Test of the split portion of his/her urine sample within ten (10) working days after being informed of the Positive Test Result. The request is made to the Program Manager.

Section 3.5. Unacceptable Specimens. Urine specimens less than 45 mL in volume will be discarded by the Collection Facility. In such a case, the Covered Employee will be advised to drink up to forty (40) ounces of fluids and will have up to three hours to produce a urine sample of adequate volume. If a urine specimen shows a temperature outside the acceptable range (colder than 90 degrees or warmer than 100

degrees) or appears to have been adulterated, the Collection Facility will make a note on the custody and control form, notify the Covered Employee that he/she will need to provide a second urine specimen and discard the first urine specimen. Any Covered Employee being instructed to provide a second urine specimen must remain at the Collection Facility until a new urine specimen is provided.

Section 3.6. Alternative Testing Procedures. A Covered Employee who has a confirmed medical condition that does not permit him/her to provide a valid urine sample will be permitted to satisfy the testing requirements through an alternative means of testing, such as blood, oral fluids or saliva testing. These arrangements will require medical documentation and will be considered on a case-by-case basis by the Program Manager.

Section 3.7. Adulteration or Substituted Specimen. If a specimen shows evidence of an Adulterant or appears to be a Substituted Specimen, the information shall be transferred to the Medical Review Officer. If the Medical Review Officer determines that the specimen contains an Adulterant or is a Substituted Specimen, that information will be transferred to the Program Manager who will notify the Covered Employee through the designated representative of his/her Employer of the Refusal to Test. The Covered Employee must follow the procedures of Section 3.14 in order to return to work.

Section 3.8. Consequences of Refusal to Test. If a Covered Employee Refuses to Test and has a Drug-Free Workplace Card, the Card will become invalid. The Program Manager will also notify the designated representative of the Covered Employee's Employer that the Covered Employee is out of compliance with the Plan. The Covered Employee must follow the procedures of 3.14 in order to return to work.

Section 3.9. Proof of Testing. Following the Test, the Covered Employee will receive a copy of the custody and control form which will constitute verification that the Covered Employee reported for and took the Test.

Section 3.10. Negative Test Result. If a Covered Employee has a Negative Test Result, the Covered Employee will be issued a Drug-Free Workplace Card pursuant to the terms of this Plan.

Section 3.11. Positive Test Result. If the Licensed Laboratory reports that a Covered Employee has a Positive Test Result for at least one Prohibited Substance, the following actions will occur:

- (a) The Licensed Laboratory will notify the Medical Review Officer of the Positive Test Result. The Medical Review Officer will attempt to contact the Covered Employee to discuss, on a confidential basis, whether the Positive Test Result may have been caused by a reason other than a Prohibited Substance. For example, the Medical Review Officer can inquire about prescription and nonprescription drug use. After a review of the findings, the Medical Review Officer will notify the Program Manager whether the Test has been verified as a Positive Test Result, a Negative Test Result, a Refusal to Test, or, very rarely, an invalid or cancelled test.
- (b) If the Medical Review Officer notifies the Program Manager that the Covered Employee has a verified Positive Test Result or Refusal to Test, the Program Manager will notify the designated Employer representative regarding the test result. Notification regarding a Positive Test Result will not include the identity of the Prohibited Substance(s). The Covered Employee should be notified of the Positive Test Result by the Employer's designated representative in a private and confidential manner. The Covered Employee will be given written information which provides notice of the Positive Test Result, consequences of the Positive Test Result and options available to the Covered Employee.
- (c) Upon request to the Program Manager, the Covered Employee will receive the laboratory report(s) concerning his/her Positive Test Result. The Positive Test Result will not be released to any third party or outside agency other than the Medical Review Officer, the Program Manager, and the Employee Assistance Program unless required by law or with the written permission of the Covered Employee. Upon request to the Program Manager, the Covered Employee with a Positive Test Result will have the right to have the split sample of his/her urine sample independently examined by a laboratory of his/her choice at his/her expense provided the request is made to the Program Manager within ten (10) working days of being informed of the Positive Test Result. The laboratory selected by the Covered Employee must meet the same certification requirements as the Licensed Laboratory.
- (d) In order for a Covered Employee with a Positive Test Result to be released to return to work, the Covered Employee must:
 - (1) Report to the Employee Assistance Program for an assessment regarding education, counseling or rehabilitation;

- (2) Obtain a return to work release from the Employee Assistance Program indicating the Covered Employee is not likely to be a safety risk in the work environment; and
 - (3) Provide another urine sample which results in a Negative Test Result.
- (e) In the case of a first or second Positive Test Result or Refusal to Test in a two year period measured from the verification date of the first Positive Test Result or Refusal to Test, the Program Manager will refer the Covered Employee to the Employee Assistance Program for an assessment regarding education, counseling or rehabilitation. The Covered Employee's Drug-Free Workplace Card will become invalid and the Program Manager will notify the Covered Employee's designated Employer representative that the Covered Employee is out of compliance with the Plan.

If the Covered Employee reports to the Employee Assistance Program, it will conduct a confidential interview with the Covered Employee and recommend appropriate education, counseling or rehabilitation. The Employee Assistance Program will also determine whether the Covered Employee can return to work and does so by issuing a return to work release to the Covered Employee. The Employee Assistance Program will not issue a return to work release to a Covered Employee who, in the judgment of the Employee Assistance Program, is likely to be a safety risk in the work environment. A Negative Test Result is a pre-requisite to return to work even if the Employee Assistance Program issues a return to work release.

The Covered Employee must participate in the Employee Assistance Program's recommended education, counseling or rehabilitation program. Failure to do so can result in revoking the return to work release and notification to the designated Employer representative that the Covered Employee is out of compliance with the Plan. After the Covered Employee completes the education, counseling or rehabilitation program recommended by the Employee Assistance Program and has a Negative Test Result, the Covered Employee will be issued a Drug-Free Workplace Card. The Employee Assistance Program and/or Program Manager can require the Covered Employee to participate in Follow-Up Testing for two years following his/her return to work.

- (f) In the case of a third Positive Test Result or Refusal to Test in a two-year period measured from the verification date of the first Positive Test Result or Refusal to Test, the Program Manager will refer the Covered Employee to the Employee Assistance Program for an assessment regarding education, counseling or rehabilitation. The Covered Employee's Drug-Free Workplace Card will become invalid and the Program Manager will notify the Covered Employee's designated Employer representative that the Covered Employee is out of compliance with the Plan.

If the Covered Employee reports to the Employee Assistance Program, it will conduct a confidential interview with the Covered Employee and recommend appropriate education, counseling or rehabilitation. The Employee Assistance Program will also determine whether the Covered Employee can return to work and does so by issuing a return to work release for the Covered Employee. The Employee Assistance Program will not issue a return to work release to a Covered Employee who, in the judgment of the Employee Assistance Program, is likely to be a safety risk in the work environment. A Negative Test Result is a pre-requisite to return to work even if the Employee Assistance Program issues a return to work release. Before being allowed to return to work, the Covered Employee will also be required to meet with the Joint Appeal Committee, which is established under the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules, and receive a release to return to work.

The Covered Employee must participate in the Employee Assistance Program's recommended education, counseling or rehabilitation program. Failure to do so can result in revoking the return to work release and notification to the designated Employer representative that the Covered Employee is out of compliance with the Plan. After the Covered Employee completes the education, counseling or rehabilitation program recommended by the Employee Assistance Program, provides a Negative Test Result and receives clearance from the Joint Appeal Committee to return to work, the Covered Employee will be issued a Drug-Free Workplace Card. The Employee Assistance Program and/or Program Manager can require the Covered Employee to participate in Follow-Up Testing for two years following his/her return to work.

Notwithstanding the fact that the Employee Assistance Program may issue a return to work release to the Covered Employee and the Covered

Employee has a Negative Test Result, the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules may prohibit the Covered Employee from returning to work or be available for dispatch pending a hearing before the Joint Appeal Committee as described in the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules.

Section 3.12. Failure to Comply with the Plan Provisions. If a Covered Employee Refuses to Test or has a Positive Test Result and refuses to contact the Employee Assistance Program; or contacts the Employee Assistance Program but refuses to complete the education, counseling or rehabilitation program recommended by the Employee Assistance Program, employment-related sanctions such as suspension or termination of employment will be determined under the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules. Failure to comply with the terms of this Plan will result in immediate termination of the Drug-Free Workplace Card and notification to the designated Employer representative that the Covered Employee is not in compliance with the Plan. The Covered Employee's Drug-Free Workplace Card will be reinstated by the Program Manager upon the Covered Employee's compliance with the terms of the Plan.

Section 3.13. Confidentiality. Unless a written release is provided by the Covered Employee or unless otherwise provided by law, a Positive Test Result or Refusal to Test will only be made known to the Covered Employee, the Medical Review Officer, the Program Manager, the Employee Assistance Program and the designated Employer representative. The designated Employer representative will not be told the Prohibited Substance(s) that resulted in the Positive Test Result or the level(s) of the Prohibited Substance(s) without the Covered Employee's written permission.

Section 3.14. Refusal to Test.

- (a) If a Covered Employee Refuses to Test, the Program Manager will notify the designated Employer representative of the Covered Employee regarding the Refusal to Test. The Covered Employee should be notified of the Refusal to Test by the designated Employer representative in a private and confidential manner. The Covered Employee will be given written information which provides notice of the Refusal to Test, consequences of the Refusal to Test and options available to the Covered Employee.
- (b) In order for a Covered Employee with a Refusal to Test to be released to return to work, the Covered Employee must:

- (1) Report to the Employee Assistance Program for an assessment regarding education, counseling or rehabilitation;
 - (2) Obtain a return to work release from the Employee Assistance Program indicating the Covered Employee is not likely to be a safety risk in the work environment; and
 - (3) Provide a urine sample which results in a Negative Test Result.
- (c) In the case of a first or second Positive Test Result or Refusal to Test in a two year period measured from the verification date of the first Positive Test Result or Refusal to Test, the Program Manager will refer the Covered Employee to the Employee Assistance Program for an assessment regarding education, counseling or rehabilitation. The Covered Employee's Drug-Free Workplace Card will become invalid and the Program Manager will notify the Covered Employee's designated Employer representative that the Covered Employee is out of compliance with the Plan.

If the Covered Employee reports to the Employee Assistance Program, it will conduct a confidential interview with the Covered Employee and recommend appropriate education, counseling or rehabilitation. The Employee Assistance Program will also determine whether the Covered Employee can return to work and does so by issuing a return to work release to the Covered Employee. The Employee Assistance Program will not issue a return to work release to a Covered Employee who, in the judgment of the Employee Assistance Program, is likely to be a safety risk in the work environment. A Negative Test Result is a pre-requisite to return to work even if the Employee Assistance Program issues a return to work release.

The Covered Employee must participate in the Employee Assistance Program's recommended education, counseling or rehabilitation program. Failure to do so can result in revoking the return to work release and notification to the designated Employer representative that the Covered Employee is out of compliance with the Plan. After the Covered Employee completes the education, counseling or rehabilitation program recommended by the Employee Assistance Program and has a Negative Test Result, the Covered Employee will be issued a Drug-Free Workplace Card. The Employee Assistance Program and/or Program Manager can

require the Covered Employee to participate in Follow-Up Testing for two years following his/her return to work.

- (d) In the case of a third Positive Test Result or Refusal to Test in a two-year period measured from the verification date of the first Positive Test Result or Refusal to Test, the Program Manager will refer the Covered Employee to the Employee Assistance Program for an assessment regarding education, counseling or rehabilitation. The Covered Employee's Drug-Free Workplace Card will become invalid and the Program Manager will notify the Covered Employee's designated Employer representative that the Covered Employee is out of compliance with the Plan.

If the Covered Employee reports to the Employee Assistance Program, it will conduct a confidential interview with the Covered Employee and recommend appropriate education, counseling or rehabilitation. The Employee Assistance Program will also determine whether the Covered Employee can return to work and does so by issuing a return to work release for the Covered Employee. The Employee Assistance Program will not issue a return to work release to a Covered Employee who, in the judgment of the Employee Assistance Program, is likely to be a safety risk in the work environment. A Negative Test Result is a pre-requisite to return to work even if the Employee Assistance Program issues a return to work release. Before being allowed to return to work, the Covered Employee will also be required to meet with the Joint Appeal Committee, which is established under the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules, and receive a release to return to work.

The Covered Employee must participate in the Employee Assistance Program's recommended education, counseling or rehabilitation program. Failure to do so can result in revoking the return to work release and notification to the designated Employer representative that the Covered Employee is out of compliance with the Plan. After the Covered Employee completes the education, counseling or rehabilitation program recommended by the Employee Assistance Program, provides a Negative Test Result and receives clearance from the Joint Appeal Committee to return to work, the Covered Employee will be issued a Drug-Free Workplace Card. The Employee Assistance Program and/or Program Manager can require the Covered Employee to participate in Follow-Up Testing for two years following his/her return to work.

Notwithstanding the fact that the Employee Assistance Program may issue a return to work release to the Covered Employee and the Covered Employee has a Negative Test Result, the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules may prohibit the Covered Employee from returning to work or be available for dispatch pending a hearing before the Joint Appeal Committee as described in the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules.

ARTICLE IV

Employee Assistance Program.

Section 4.1. Access to the Employee Assistance Program. Employee Assistance Program services are voluntary. The Employee Assistance Program is accessible by calling the toll-free number listed in Appendix B. All Covered Employees who have a Positive Test Result or a Refusal to Test will be referred to the Employee Assistance Program by the Program Manager. The Plan pays for the costs associated with the Employee Assistance Program's initial evaluation including its education, counseling or rehabilitation recommendation. The Plan does not pay for the cost of the education, counseling, or rehabilitation program recommended by the Employee Assistance Program. This cost may be covered in whole or in part by the Trust's Health and Welfare Plan. Contact the Trust's administrative agent, whose name, address and telephone number are listed in Appendix B for benefit information. Covered Employees who are not eligible for the Trust's Health and Welfare Plan are responsible for the cost of the counseling, education or rehabilitation program recommended by the Employee Assistance Program.

Section 4.2. Treatment Benefits. The Trust's Health and Welfare Plan provides chemical dependency treatment benefits and mental health treatment benefits for covered charges incurred by Covered Employees who are eligible for the Health and Welfare Plan. Refer to the Health and Welfare Plan's benefit booklet for more information concerning chemical dependency treatment benefits and mental health treatment benefits that are available or contact the Trust's administrative agent whose name, address and telephone number are listed in Appendix B.

Section 4.3. Confidentiality. Records, including medical information, referrals and evaluations are kept confidential in accordance with federal and state laws. The Employee Assistance Program will request the Covered Employee provide a release prior to any information being provided to the Program Manager or the designated representative of the Covered Employee's Employer.

ARTICLE V General Provisions.

Section 5.1. Construction of the Plan Document. The Board of Trustees or its designee has the exclusive authority to administer the Plan, determine benefit coverage, eligibility and related matters. The Board of Trustees or its designee has the exclusive authority to construe and apply the provisions of the Plan and their own motions, resolutions and administrative rules or regulations and instruments or writings that they may have adopted or entered into and any construction adopted by the Board of Trustees or its designee shall be binding upon the Employer Association, the Union, Employers, Covered Employees and any other interested party.

Section 5.2. Funding for the Plan. The cost of administering the Plan, Testing and the assessment conducted by the Employee Assistance Program is funded by Employer contributions from Collective Bargaining Agreements and Participation Agreements. Employers who want to participate in the Plan and Test Non-Bargaining Unit Employees may be assessed a fee as determined by the Board of Trustees from time to time.

Section 5.3. Amendment to the Plan. The Plan may be amended at any time by the Board of Trustees.

Section 5.4. Termination of the Plan. The Plan is provided on a month-to-month basis to the extent that Employer contributions are sufficient to fund the Plan. There is no long term funding or reserve program. The Board of Trustees reserve the right to change the rules or benefits, terminate the Plan or amend the Plan as circumstances warrant.

Section 5.5. Gender. Whenever any words are used in this Plan in the masculine gender, they shall be construed as though they were used in the feminine gender in all situations where they would so apply. Whenever any words are used in the singular form, they shall be construed as though they were used in the plural form in all situations where they would so apply and vice-versa.

ARTICLE VI Appeal Procedures.

Section 6.1. Claims Subject to the Appeal Procedures. Whenever a Covered Employee is adversely affected by an action or decision made by a person or entity associated with the Plan, such as the Board of Trustees, Collection Facility, Employee Assistance Program, Licensed Laboratory, Medical Review Officer or Program Manager (the Claim), the Appeal Procedures are available to the Covered Employee. For example, a Covered Employee may use the Appeal Procedures regarding a dispute with testing procedures or test results, recommended treatment, revocation of the Drug-Free Workplace Card or any other action of the Plan which adversely affects the Covered Employee. However, adverse action taken against the Covered Employee by his/her Employer or under the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules is not subject to the Appeal Procedures. There may be an appeal procedure available to the Covered Employee under the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules and/or the Collective Bargaining Agreement.

Section 6.2. Claim Denial. A Covered Employee should submit a Claim in writing to the administrative agent for the Trust as follows:

Hannah Sutton
The William C. Earhart Company, Inc.
PO Box 4148
Portland, OR 97208

If a Claim is denied or partially denied, the Covered Employee will be notified in writing and given an opportunity for review. The notice will be provided within thirty (30) days after the Covered Employee submits a Claim. The time period may be extended up to an additional fifteen (15) days for matters beyond the reviewer's control, but the Covered Employee will be notified of the extension before the end of the thirty (30) day period. The extension notice will identify circumstances requiring the extension and the date by which a decision is expected. If the extension is necessary because the Covered Employee did not submit necessary information, the notice will describe the information required and give the Covered Employee an additional period of at least forty-five (45) days to furnish the information.

If the Claim is denied, the adverse benefit determination will be in writing and will provide:

- (a) The specific reason for the adverse benefit determination;
- (b) Reference to the specific Plan provision on which the adverse benefit determination is based;
- (c) A description of any additional material or information necessary to perfect the Claim and an explanation why such material or information is necessary;
- (d) A description of the Plan's Appeal Procedures, the time limits applicable to the Appeal, and the Covered Employee's right to bring a civil lawsuit after an adverse benefit determination by the Claim Appeal Committee; and
- (e) If the adverse benefit determination is based on an internal rule, guideline, protocol or similar criterion, the Covered Employee will be notified of his/her right to receive the document free of charge upon request.

Section 6.3. Claim Appeal Procedures. A Covered Employee may request review of an adverse benefit determination by the Claim Appeal Committee. The Claim Appeal Committee will be made up of one or more Employer Trustees and one or more Union Trustees. The number of Employer Trustees and Union Trustees on the Claim Appeal Committee shall be equal.

A request for review by the Claim Appeal Committee shall be made in writing and must be received within 180 days after receipt of the notice of adverse benefit determination. The Covered Employee should submit the request for review to the administrative agent for the Trust as follows:

Hannah Sutton
The William C. Earhart Company, Inc.
PO Box 4148
Portland, OR 97208

The request for review should set forth all grounds upon which it is based, supporting facts and other matters which the Covered Employee deems pertinent to the appeal.

Upon written request, the Covered Employee will be provided, free of charge, reasonable access to and copies of all documents, records and other information relevant

to the appeal. Whether a document, record or other information is relevant to the appeal is determined in accordance with 29 CFR § 2560.503-1(m)(8).

In conjunction with the appeal, the Covered Employee or his/her authorized representative may submit written comments, documents, records or other information relating to the Claim to the Claim Appeal Committee.

Section 6.4. Review by the Claim Appeal Committee. The Claim Appeal Committee will review a properly filed appeal at the next regularly scheduled quarterly meeting of the Claim Appeal Committee (the Claim Appeal Committee meets on the same day that the Board of Trustees conduct their quarterly meetings), unless the request for review is received by the administrative agent for the Trust within thirty (30) days preceding the date of such meeting. In such case, the appeal will be reviewed no later than the date of the second quarterly meeting of the Claim Appeal Committee following the receipt by the administrative agent for the Trust of the notice of appeal unless there are special circumstances requiring a further extension of time, in which case a determination will be rendered not later than the third quarterly meeting of the Claim Appeal Committee following the receipt by the administrative agent for the Trust of the notice of appeal. If such an extension of time for review is required because of special circumstances, such as a request by the Covered Employee for an in-person presentation, then prior to the commencement of the extension, the Plan will notify the Covered Employee in writing of the extension, describe the special circumstances, and the date on which the determination will be made.

In most instances, the Covered Employee will have the right to appear before the Claim Appeal Committee. The Covered Employee should make a written request to appear before the Claim Appeal Committee at the time the appeal is filed with the the administrative agent for the Trust. The Covered Employee may be represented before the Claim Appeal Committee by an attorney or any other representative of his choosing at his own expense.

The Covered Employee must introduce sufficient credible evidence on appeal to establish entitlement to relief from the decision or other action from which the appeal is taken. The Covered Employee shall have the burden of proving his right to relief from the decision or action from which the appeal is taken by a preponderance of the evidence. The Claim Appeal Committee will review all comments, documents, records and other information submitted by the Covered Employee related to the Claim. The Claim Appeal Committee will not afford any deference to any initial adverse benefit determination made.

Section 6.5. Decision by the Claim Appeal Committee. The Claim Appeal Committee will issue a written decision after reviewing a Claim as soon as possible, but not later than five days after the decision is reached. In the case of an adverse benefit determination, the written denial will include:

- (a) The specific reason(s) for the adverse benefit determination;
- (b) Reference to the specific Plan provision(s) on which the adverse benefit determination is based;
- (c) A statement that the Covered Employee is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the Covered Employee's Claim;
- (d) If an internal rule, guideline, protocol or other 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 a rule, guideline, protocol or other similar criterion was relied upon in making the determination and that a copy of the same will be provided free of charge upon request; and
- (e) A statement of the Covered Employee's right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act.

Section 6.6. Review of Claim Appeal Committee's Decision. A Covered Employee must exhaust the Appeal Procedures before filing a civil action. Following exhaustion of the Appeal Procedures, the Covered Employee may bring a civil action under Section 502(a) of the Employee Retirement Income Security Act.

Section 6.7. Review of Decisions Under the Policy. Issues governed by the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules are subject to review pursuant to the terms of the Sheet Metal Industry Drug-Free Workplace Policy & Administrative Rules and are not subject to review pursuant to the terms of the Appeal Procedures.

APPENDIX A
Summary Plan Description

Name of Plan. The Plan is known as the Sheet Metal Workers #16 Health Trust's Drug-Free Workplace Plan. The Trust through which the Plan is funded is known as the Sheet Metal Workers #16 Health Trust. Payments are made to the Trust pursuant to requirements of Collective Bargaining Agreements between certain employers and Sheet Metal Workers International Association Local No. 16 and Participation Agreements approved by the Trustees.

Type of Plan. The Plan can be described as an employee welfare benefit plan which provides for alcohol and drug testing and an Employee Assistance Program which recommends appropriate education, counseling and/or rehabilitation.

Plan Administrator. The Plan is maintained and administered by a Joint Labor-Management Board of Trustees with the assistance of an administrative agent and a Program Manager. The name and address of the Joint Board of Trustees is:

Board of Trustees
Sheet Metal Workers #16 Health Trust
In care of: The William C. Earhart Company, Inc.
3140 NE Broadway
Portland, OR 97232

Or

P.O. Box 4148
Portland, OR 97208
T: (503) 282 - 5581

Agent for Service of Legal Process. The name, address and telephone number of the person designated as Agent for Service of Legal Process is:

Hannah Sutton
The William C. Earhart Company, Inc.
3140 NE Broadway
Portland, OR 97232
T: (503) 282 - 5581

Each member of the Board of Trustees is an agent for the purpose of accepting service of legal process on behalf of the Plan. The names and addresses of the individuals currently serving on the Board of Trustees are:

EMPLOYER TRUSTEES

Thomas Goodhue
Columbia Chapter, SMACNA
4380 SW Macadam Avenue
Suite 580
Portland, OR 97239

Fred Streimer
Streimer Sheet Metal Works, Inc.
740 North Knott Street
Portland, OR 97227

Carol Duncan
General Sheet Metal Works, Inc.
11235 SE Highway 212
Clackamas, OR 97015

Dana McQuown (Alternate Trustee)
Arctic Sheet Metal
2310 NE Columbia
Portland, OR 97211

UNION TRUSTEES

Len Phillips
Sheet Metal Workers International
Association Local #16
2379 NE 178th Avenue, Suite 16
Portland, OR 97230

Dennis Boyd
1729 NE Argyle
Portland, OR 97211

Stephen Kowats
Sheet Metal Workers International
Association Local #16
2379 NE 178th Avenue, Suite 16
Portland, OR 97230

Marvin Van Dyke (Alternate Trustee)
2228 SE 331st Ave
Hillsboro, OR 97123

Identification Numbers. The Employer Identification Number assigned by the Internal Revenue Service is: 93-0757655. The Plan Number is: 501.

Plan Year. The Plan Year is January 1 through December 31.

Description of Collective Bargaining Agreements. The Plan is maintained pursuant to Collective Bargaining Agreements between the Columbia Chapter Sheet Metal and Air Conditioning Contractors' National Association, Inc. and Sheet Metal Workers International Association Local #16, as well as individual employers and Sheet Metal Workers International Association Local #16. A copy of the Collective Bargaining Agreements are available for inspection by Covered Employees at the office of the Plan

Administrator during regular business hours and may also be obtained by written request to the Plan Administrator. The Trustees may impose a reasonable charge for photocopies. The Plan Administrator will provide a Covered Employee, upon written request, with information as to whether a particular employer or labor organization is a sponsor of the Plan.

Eligibility and Benefits. Covered Employees, as defined in Section 2.6 of the Document, are eligible for the benefits provided by the Plan.

Funding Medium. The Trust is funded through employer contributions, the amount of which is determined by the Collective Bargaining Agreements. An Employer pays a fee determined by the Board of Trustees if it wants to provide benefits for employees not covered by a Collective Bargaining Agreement. Contributions are held in trust pending payment to service providers and/or for claims and administrative expenses.

Organizations Providing Services.

The Trust has a contract with the following medical facility to provide drug testing services: Legacy Metrolab.

The Trust has a contract with the following medical review organization to provide medical review services: Cascade Occupational Medicine Physicians, Inc.

The Trust has a contract with the following organization to provide employee assistance benefits: Providence Employee Assistance Program.

The Trust has a contract with the following organization to provide program management services: Wolfgang Associates, Inc.

The address for each organization is provided in Appendix B.

Availability of Information. The Plan Document and all other pertinent documents required to be made available under the Employee Retirement Income Security Act are available for inspection at the office of the Plan Administrator during regular business hours. Upon written request, copies of these documents will be provided. The Trustees may impose a reasonable charge for photocopies. The Plan Administrator will provide the charge for the specific documents on request so that you can find out the charge before ordering a document. The address for the Plan Administrator is provided in Appendix B.

Appeal Procedures. The Appeal Procedures are described in Article VI of the Plan Document.

Future of the Plan and Trust. The Board of Trustees are providing this Plan to the extent that money is currently available to pay the cost. The Board of Trustees retain full and exclusive authority to determine the extent to which money is available for the Plan and to determine the expenditures of such money for the Plan. The Plan is not guaranteed to continue indefinitely. The Plan may be terminated or modified at any time by the Board of Trustees. No benefits are vested.

Statement of ERISA Rights. As a participant in the Sheet Metal Workers #16 Health Trust's Drug-Free Workplace Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all Plan participants are entitled to:

- (a) Examine, without charge, at the Plan Administrator's office and other specified locations, such as work sites and union halls, all Plan documents, including insurance contracts, Collective Bargaining Agreements and a copy of the latest Annual Report (Form 5500 series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- (b) Obtain, upon written request to the Plan Administrator's office, copies of documents governing the operation of the Plan, including insurance contracts, Collective Bargaining Agreements and copies of the latest Annual Report (Form 5500 series) and updated Summary Plan Description. The Plan Administrator may make a reasonable charge for copies.
- (c) Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this annual financial report.

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate the Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Covered Employees. 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 health and welfare benefit or exercising your rights under ERISA. If your claim for a health and welfare benefit is denied, in whole or in part, you have a right

to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights:

- (a) If you request a copy of Plan documents or the latest annual financial report from the Plan and do not receive them within thirty (30) days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and to pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of a reason beyond the control of the Plan Administrator.
- (b) If you have a claim which is denied or ignored in whole or in part, you may request a review by the Claim Appeal Committee pursuant to the Appeal Procedures in Article VI of the Plan Document. If you are dissatisfied with the determination made by the Claim Appeal Committee, you may file suit in state or federal court.
- (c) If it should happen that the Plan fiduciaries misuse the Plan's money, or you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a federal court. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees; for example, if it finds your claim is frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have questions about this statement or about your rights under ERISA, or you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration ("EBSA"), U.S. Department of Labor, Seattle District Office, 1111 Third Avenue, Suite 860. Midcom Tower. Seattle, Washington 98101. Tel: (206) 553 - 4244; or the Division of Technical Assistance and Inquiries, EBSA, U.S. Department of Labor, 200 Constitution Avenue Northwest, Washington D.C. 20210. You may obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of EBSA at 1-866-444-3272 or you may contact the EBSA field office nearest you. You may also find answers to Plan questions at the website of EBSA at <http://www.dol.gov/ebsa/>.

APPENDIX B
Service Providers.

**ADMINISTRATIVE
AGENT**

The William C. Earhart Company, Inc.
P.O. Box 4148
Portland, Oregon 97208
T: (503) 282 - 5581
Toll Free: (800) 547 - 1314

PROGRAM MANAGER

Jana Wolfgang
Wolfgang Associates, Inc.
7220 SW Sylvan Court
Portland, Oregon 97225-3742
T: (503) 297 - 4113

**EMPLOYEE
ASSISTANCE
PROGRAM**

Providence Employee Assistance Program
3510 NE 122nd Avenue Suite 211
Portland, Oregon 97230
T: (503) 215 - 3561
Toll-free: (800) 255-5255

**LICENSED
LABORATORY**

Legacy Metrolab
1225 NE Second Avenue
Portland, Oregon 97232
T: (503) 413 – 5295
Toll-free: (800) 950-5295

**MEDICAL REVIEW
OFFICER**

Cascade Occupational Medicine Physicians, Inc.
9370 SW Greenburg Road Suite 602
Portland, Oregon 97223
T: (503) 245 - 6979

UNION

Sheet Metal Workers International Association
Local No. 16
2379 NE 178th Avenue Suite 16
Portland, Oregon 97230
T: (503) 254 - 0123

**EMPLOYER
ASSOCIATION**

Columbia Chapter Sheet Metal and Air Conditioning
Contractors' National Association, Inc.
4380 SW Macadam Avenue Suite 580
Portland, Oregon 97239
T: (503) 220 - 2303