

**SHEET METAL WORKERS LOCAL UNION 30 WELFARE PLAN
MEMBER SURVEY**

**Estimated Time to Complete the Survey:
10 Minutes**

Purpose of Membership Survey: the Board of Trustees wish to measure the Members' personal attitudes toward the benefits provided by the Welfare Plan and to obtain input about your priorities. The Trustees will consider the information obtained from the Membership Survey as they plan for the future.

In the Survey the Trustees ask simple questions to determine if you satisfied with the benefits currently provided by the Plan. You are also asked to rate the importance of Plan benefits to you. You are also given a chance to add some comments.

The Trustees are charged with managing the Plan. They have the fiduciary responsibility to manage the Plan keeping the best interest of all Members in mind. Although the Trustees are not bound to take any action based on the results of this Survey, we appreciate your input and assure you that your comments will be evaluated. Of course, only those Surveys returned to the Plan can impact on the future decisions of the Trustees.

For details about Plan benefits and eligibility rules, you should refer to your Plan booklet.

***Please return your Survey in the postage paid envelope provided.
Please return your Survey by October 31, 2010.***

BASIC INFORMATION FOR THE SURVEY

First: Please provide some basic information about yourself: (do not provide your name unless you wish to do so)

Your age: _____ Number of years of Union Membership _____

Number of Dependants in your immediate Family, including your Spouse: _____

What is the year you expect to Retire?: _____ or In what year did you retire?: _____

If you are retired did you enroll in the Welfare Plan? (please circle one)

Welfare Plan A? Welfare Plan B? Welfare Plan C

Your overall rating of the Sheet Metal Workers Local Union 30 Welfare Plan

*How would you rate the Benefits provided by the Sheet Metal Workers Local Union 30 Welfare Plan?
(please circle one response):*

- | | | | | | |
|-----------|------------------|-----------|------------------|-----------|-------------|
| <i>a)</i> | <i>Excellent</i> | <i>b)</i> | <i>Very Good</i> | <i>c)</i> | <i>Good</i> |
| <i>d)</i> | <i>Fair</i> | <i>e)</i> | <i>Poor</i> | | |

Comments:

Benefit Importance

Please show how you rank each of the Plan’s benefits in order of importance (please rate importance from 1 (lowest priority) to 5 (highest priority) to show your opinion in one box per line):

Benefits for Active Members	Rating
Life Insurance	
Accidental Death and Dismemberment	
Survivor Income Benefit	
Weekly Disability Income	
Long Term Disability Income	
Prescription Drugs	
Vision Care	
Major Medical	
Dental	
Extended Benefits for Unemployed Members	

Benefits for Retired Members	Rating
Life Insurance	
Prescription Drugs	
Vision Care	
Major Medical	
Dental	

Comments:

Communication

The Trustees believe that it is important that there be a credible source of information about the Plan. Written communication is most often, but not exclusively, used to communicate with Members about the Plan. The Plan currently provides the following communication to Plan Members:

- a) an annual Member meeting (usually in May)
- b) Plan booklets
- c) an Annual Report
- d) periodic letters
- e) a Plan web site.

Please respond (please circle all that apply):

- a) *I read all of the written communication given by the Plan*
- b) *I read the Annual Report*
- c) *I read the Plan booklets*
- d) *I read the periodic letters from the Plan*
- e) *I attend the annual Member meeting*
- f) *I have visited the Plan web site and visit it _____ times per year*
- g) *The reason I do not read the Annual Report is _____*
- h) *The reason I do not read the Plan booklets is _____*
- i) *The reason I do not read the periodic letters from the Plan is _____*
- j) *The reason I do not attend the annual Member meeting is _____*
- k) *The reason I do not visit the Plan web site is: _____.*

Additional Comments:

Thank you