

SUMMARY PLAN DESCRIPTION

The Employee Retirement Income Security Act of 1974 requires that certain information be furnished to each participant (or eligible participant) in an employee benefit plan. This is your Summary Plan Description. The following is additional information required by the Act.

This Plan is known as the Associated Employers Health & Welfare Plan.

PLAN IDENTIFICATION NUMBER

E.I.N. 91-6030840

Plan Number 501

The trust fund through which this Plan is provided is known as the Associated Employers Health & Welfare Trust.

TYPE OF PLAN

This Plan can be described as a welfare plan which provides death benefits, disability income, health insurance benefits, and/or dental benefits for eligible employees and their dependents. Refer to this benefit booklet for information on the benefits available to you.

ADMINISTRATION OF PLAN

The Board of Trustees is the Plan Administrator. They administer the Plan with the assistance of Associated Industries Management Services. Their address and telephone number is:

Board of Trustees

Associated Employers Health & Welfare Trust
c/o Associated Industries Management Services
1206 N. Lincoln, Suite 200
Spokane, WA 99201-2559
Phone (509) 326-6892

The Trustees have the authorization and discretion to interpret the terms of the Plan and requirements for participation in it. Information as to whether a particular employer is a sponsor of the Plan and the employer's address may be obtained from the Plan Administrator.

IMPORTANT INFORMATION

This booklet describes the program selected by your employer and provides general information about your eligibility to participate in the Plan, the benefits provided by the Plan, the Exclusions and Limitations of the Plan, and circumstances that may cause a loss or reduction of benefits. You should read carefully the information under the separate headings entitled ELIGIBILITY; BENEFITS; EXCLUSIONS and

LIMITATIONS; and CIRCUMSTANCES THAT MAY CAUSE LOSS OR REDUCTION OF BENEFITS in the benefit booklet.

Circumstances which may result in loss of eligibility or denial of benefits are:

1. The failure of the employer to remit any required premium contributions, or the employee to make any required self-payments.
2. Any circumstance that result in the employee or dependent no longer meeting the requirements for eligibility.
3. Termination of the Plan.

PLAN YEAR

The Plan Year for the Plan ends on the last day of December of each year. Each 12-month period commencing on January 1 consists of an entire Plan Year for the purposes of accounting and all reports to the U.S. Department of Labor and other regulatory bodies.

SOURCES OF CONTRIBUTIONS TO THE PLAN

This Plan is supported by the employer and/or employee contributions as established by individual participating firms. Contributions are received and held in Trust by the Board of Trustees pending payment to UnitedHealthcare, Washington Dental Service, Vision Service Plan and UnitedHealthcare Specialty Benefits. Addresses of Carriers are provided in each individual benefit booklet.

AGENT FOR SERVICES OF LEGAL PROCESS

The agent for legal process for this Plan is Associated Industries Management Services, 1206 N. Lincoln, Suite 200 Spokane, WA 99201-2559. Service of legal process may be made on any member of the Board of Trustees, identified below, in its capacity as agent or in its capacity as Plan Administrator. Service of legal process may also be made on a Plan Trustee.

NAMES AND ADDRESS OF TRUSTEES

Jim DeWalt, President & CEO
Associated Industries of the
Inland Northwest
1206 N Lincoln
Spokane, WA 99201

Robert G. Bakie, CFO
Associated Industries of the
Inland Northwest
1206 N. Lincoln
Spokane, WA 99201

Jack Fallis, President
Global Credit Union
1520 West 3rd Avenue
Spokane, WA 99203

Eileen Kain, Controller
DIVCO Incorporated
715 N Madelia St.
Spokane, WA 99202

FUTURE OF THE PLAN AND TRUST FUND

The Board of Trustees has the authority to terminate the Trust Fund. In the event of termination of the Trust Fund, any and all monies and assets remaining in the Trust fund, after the payment of expenses, shall be used for the continuance of benefits by the then existing plans, until such monies and assets have been exhausted.

YOUR RIGHTS UNDER ERISA

As a participant in the **Associated Employers Trust** employee benefit health and welfare 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 shall be entitled to:

RECEIVE INFORMATION ABOUT YOUR PLAN AND BENEFITS

Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and 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 Pension and Welfare Benefit Administration.

Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

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 summary annual report.

CONTINUE GROUP HEALTH PLAN COVERAGE

Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the plan on the rules governing your COBRA continuation of coverage rights.

Reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

PRUDENT ACTION BY PLAN FIDUCIARIES

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you to prevent you from obtaining a welfare benefit or exercising your right under ERISA.

ENFORCE YOUR RIGHTS

If your claim for a welfare benefit is denied or ignored, 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. For instance, if you request a copy of plan documents or the latest annual report for the plan and do not receive them within 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 pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in a Federal court. If it should happen that the plan fiduciaries misused the plan's money, or if 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 Federal court. The court will decide who should pay court costs and legal fees. 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.

ASSISTANCE WITH YOUR QUESTIONS

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory of the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.