AMENDMENT TO THE HEALTH AND WELFARE PLAN OF THE YOUNGSTOWN AREA ELECTRICAL WELFARE FUND

WHEREAS, the Board of Trustees of the Youngstown Area Electrical Welfare
Fund currently administers and maintains a Health and Welfare Plan for the benefit of
the members and participants covered thereunder; and

WHEREAS, the right to further amend the Plan has been reserved to the Board under the Fund documents, which right the Board of Trustees hereby exercises.

NOW, THEREFORE, the Board of Trustees amends the HOUR BANK provisions of the Plan to add the following language:

Active Fund Participants shall be permitted to donate bank hours to another Fund Participant provided the Participant has exhausted his/her hour bank in order to help that Participant maintain coverage in the Plan. Any Participant donating such hours shall execute a written authorization providing for the transfer of the hours with an express waiver of any right under any circumstances to reclaim the hours. Furthermore, should the Participant wishing to donate the hours be married, the written authorization for transfer must include the spouse's signature agreeing to such transfer of hours.

Executed this 24 day of August, 2011.	
BOARD OF TRUSTEES	
Janual Buylon UNION TRUSTEE	They I rown
UNION TRUSTEE	EMPLOYER TRUSTEE
UNION TRUSTEE	EMPLOYER TRUSTEE
David Thompson	John TBD
UNION TRUSTEE /	EMPLOYER TRUSTEE
UNION TRUSTEE	EMPLOYER TRUSTEE

This hour bank donation provision shall be in effect September 1,

2011.

HOUR BANK DONATION FORM FOR THE YOUNGSTOWN AREA ELECTRICAL WELFARE FUND

(Participant /print name)	, hereby donate (give
willingly and without reservation)	•
to (Print name)	I understand that once I sign this Donation
Form the hours will be removed from my	y Hour Bank. These donated hours, under no
circumstances, shall ever be transferred	i back to my account.
DATE	PARTICIPANT
	(Address)
I am the Participant's spouse and	d agree to the donation of my spouse's bank
hours as set forth above.	
DATE	SPOUSE
<u>N</u>	<u>O T A R Y</u>
STATE OF))SS:	
COUNTY OF)	
· · · · · · · · · · · · · · · · · · ·	or said County and State, personally appeared the who acknowledged that he/she did sign the s/her free act and deed.
	hereunto set my hand and official seal at, this, 20
	NOTARY PUBLIC