

**AMENDMENT #7**  
**to the Plan Document/Summary Plan Description for the**  
**Teamsters Security Fund for Southern Nevada-Local 14**  
**that was effective May 1, 2019**

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**Effective January 1, 2022, the Plan Document/Summary Plan Description is amended as follows:**

**Article IX. Dental PPO Plan Benefits, Section G. Maximum Orthodontia Plan Benefits is amended to add the text in italics and delete the text in strike-through:**

1. The Maximum Plan Benefits payable for Orthodontia services is ~~\$1,200~~ *\$2,000* per person per lifetime.

**Article IX. Dental PPO Plan Benefits, Section H. Annual Maximum Dental PPO Plan Benefits is amended to add the text in italics:**

1. The Plan's Annual Maximum Dental Plan Benefits payable for any individual covered under this Plan is \$2,000 per person per calendar year. *Preventive services are not subject to the Annual Maximum.*

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**Article X. Schedule of Dental PPO Plan Benefits, the "Annual Dental Plan Maximum" row and the "Orthodontia Services" row are amended to add the text in italics and delete the text in strike-through:**

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The undersigned Chairman and Co-Chairman of the **Teamsters Security Fund for Southern Nevada-Local 14** do hereby certify that the foregoing Amendment #7 to the 2019 **Plan Document/Summary Plan Description** was duly adopted by the Board of Trustees at a Meeting duly called and held on November 18, 2021.

  
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**Chairman**

11/18/21  
\_\_\_\_\_

**Date**

  
\_\_\_\_\_

**Co-Chairman**

11/18/21  
\_\_\_\_\_

**Date**

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