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PROCESS FOR CORRECTING PENSION DATA

Attached is a copy of the actual language from the new pension plan that sets forth the procedure for getting pension data corrected. This process has always been informal and nurses sometimes reported that it took forever. For that reason, your pension bargaining team bargained for and got a specific procedure to be used to get final resolution of data questions.

The process resembles the grievance procedure in your employment contract. The pension data correction/dispute process is as follows:

Step 1. Attempt to resolve the issue informally with the pension benefits department of the Hospital whose data you wish corrected. This may not be your current employer. One Hospital may not correct data provided by another.

Step 2. If the desired correction is not agreed upon and made (or it drags on and on without definitive response), you may make a written claim for the change to the Employer whose data you wish corrected. If that specific employer does not exist, send the written request for data correction to its successor; i.e., to Fairview for St. Mary's data; to Allina for MMC; Miller, St. Luke's data; etc.

Step 3. If not resolved within three months of Step 2, the nurse or MNA may submit it to a panel with one representative of the employer in question and one representative of MNA. The nurse is a non-voting member of the panel.

- If the alleged data error relates to data for the two most recent plan years, the Hospital bears the burden of proving the data it reported is accurate. If the requested data change is for data before the last two plan years, the nurse has the burden of proving the reported data is incorrect. Recollection alone is not adequate to meet this burden. Some objective written data (i.e., W-2s, pay stubs, Social Security earnings reports) will also be required.
- The panel may rule only on accuracy of data. It cannot determine eligibility for or the amount of benefits (the Pension Committee does this).

Step 4. If the issue is not resolved within three months of being submitted to the panel, either MNA or the Employer may submit it for arbitration. The same rules as set forth in Step 3 shall apply. Decision of the arbitrator is binding and final.

Failure to initiate this process does not waive a nurse's rights under the claims procedure established by the Pension Committee in accordance with requirements of ERISA.



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DATA CORRECTION / DISPUTE RESOLUTION
from
TWIN CITY HOSPITALS - MINNESOTA NURSES ASSOCIATION PENSION PLAN

Section 10.6

- B. If a participant disputes the accuracy or completeness of data reported by a Participating Employer regarding that particular Participant as reflected in reports provided by the Pension Committee to individual Participants, the following procedures shall apply to resolve any such dispute:
1. The Participant shall first attempt to resolve the issue informally through the Participating Employer's Employee Benefits Department. If the Participating Employer agrees with the Participant, it shall report the corrected data to the Pension Committee.
 2. If the issue is not resolved pursuant to paragraph (1), the Participant (or the Minnesota Nurses Association on behalf of the Participant) shall reduce the unresolved claim to writing. Such claim shall be submitted to the Employee Benefits Department of the Participating Employer responsible for reporting data for the Participant for the years in question. If the Participating Employer agrees with the Participant, it shall report the corrected data to the Pension Committee.
 3. If the dispute is not resolved within three months following the written submission of the claim pursuant to paragraph (2) to the reporting Participating Employer's Employee Benefits Department, the Participant or the Minnesota Nurses Association may submit the claim to a panel for determination. Such panel shall be comprised of one representative of the Participating Employer and one representative of the Minnesota Nurses Association, with the Participant as an ex-officio non-voting member of the panel. The panel shall consider the claim in accordance with the following:
 - a. If the alleged error relates to data reported to the Participant by the Pension Committee for the previous two Plan Years, the Participating Employer bears the burden of proving that the data is correct. If the alleged error relates to data reported to the Participant by the Pension Committee for periods before the previous two Plan Years, the Participant bears the burden of proving that the data is incorrect. Either party shall meet its burden of proof if the preponderance of the evidence supports that party's position. The panel shall have discretion

to determine what it considers the best evidence of the facts in question. Neither party may prevail on the basis of affidavits of recollection alone, but must present objective, contemporaneous written documentation (such as pay stubs or payroll records, IRS form W-2, tax statements, or Social Security Administration earnings reports). The panel may modify these guidelines if necessary to prevent manifest injustice.

- b. The authority of the panel shall be limited to decisions regarding the accuracy and completeness of the individual employee data reported. The panel shall have no authority to make decisions regarding eligibility for or the amount of benefits to which a Participant may be entitled under the Plan. In the event the panel agrees that correction of reported data should be made, but correct employer records are not available, the panel may agree on the exact nature of the correction to be reported.

Any decision made by agreement of the panel regarding the individual employee data shall be binding upon the Participant, the Participating Employer, and the Minnesota Nurses Association. If the panel agrees that the data should be corrected, the Participating Employer shall report the corrected data to the Pension Committee.

4. If the dispute is not resolved within three months following the submission of the claim to the panel pursuant to paragraph (3), the Minnesota Nurses Association or the Participating Employer may submit the issue for determination by the permanent impartial umpire identified for purposes of Section 9.5 (the "Arbitrator"). A copy of any such arbitration request shall be provided to the Pension Committee concurrently with submission to the Participating Employer's Employee Benefits Department. The Arbitrator shall be bound by the same rules that apply to the panel in paragraph (3), except that the Arbitrator shall not modify the evidentiary rules based on perceived injustice. The fees and expenses of the Arbitrator shall be divided equally between the Participating Employer and the Minnesota Nurses Association. The decision of the Arbitrator regarding the individual employee data shall be binding upon the Participant, the Participating Employer, and the Minnesota Nurses Association. If the Arbitrator determines that the data should be corrected, the Participating Employer shall report the corrected data to the Pension Committee.

Failure of a Participant to initiate the provisions of these procedures shall not be construed as a waiver of the Participant's rights under Section 13.8.