This booklet is a Summary Plan Description (SPD) and, along with the SPD supplement applicable to your benefit, if any, summarize the important information contained in the Trinity Health Corporation ERISA 403(b) Retirement Plan (Frozen) (403(b) Plan or Plan).

The Plan was originally established by Trinity Health Corporation (Trinity Health) as of January 1, 2009, to bring the Hackley Hospital 403(b) Plan, the Professional Med-Team, Inc. Tax Deferred Retirement Savings Plan, the Lakeshore Community Hospital 403(b) Plan, and any other Code Section 403(b) arrangements of Mercy Health Partners’ non-profit subsidiary entities that were subject to ERISA into compliance with the final Treasury Regulations issued under Code Section 403(b). The Plan also applies to any other Code Section 403(b) arrangements of any of Trinity Health’s non-profit related and affiliated entities that are subject to ERISA, as the same may exist now or in the future. As a result, multiple Code Section 403(b) arrangements have been merged into the Plan since January 1, 2009, and additional Code Section 403(b) arrangements may be merged into the Plan in the future.

The Plan is “frozen,” meaning that no new contributions are being made to this Plan. It is maintained to hold the assets (Annuity Contracts and Custodial Accounts) of certain former plans of Trinity Health affiliates that were subject to ERISA.

The information contained in this SPD and the SPD supplements is accurate as of January 1, 2018. The provisions of the Plan described in this SPD and the SPD supplements may be changed from time to time. The provisions that are specific to you may vary depending on the Individual Agreement between you and the provider of your Annuity Contract or Custodial Account, if applicable. Any such Individual Agreement is incorporated into this SPD.

The most current version of the SPD and SPD supplements will always be posted on the Transamerica website at https://www.trsretire.com/webportal/trinity-health/index.html under the Resource tab. If you are unable to access the website or print a copy of the SPD and SPD supplements from the website, you may request one from Transamerica Retirement Solutions (Transamerica) by calling 800.394.5240 or by

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1 See the “WHAT HAPPENS TO MY PLAN ACCOUNT IF I LEAVE FOR MILITARY DUTY?” Section of the SPD for the only exception.
requesting a copy from Trinity Health by fax at 312.957.2529 or regular mail addressed to: Trinity Health Retirement Program Office, 20555 Victor Parkway, Livonia, Michigan 48152.

This SPD, along with the SPD supplement applicable to your Plan benefit, if any, are only a summary of your benefits and rights under the Plan. They are not intended to describe every possible situation that could occur, but they do address most situations. It is important that you understand that the SPD and SPD supplement applicable to your Plan benefit, if any, cannot cover all of the details of the Plan or how the rules of the Plan apply to every person, in every situation.

If there is a conflict between any of the information in this SPD or an SPD supplement and the terms of the applicable Plan documents, including the Individual Agreement between you and the provider of your Annuity Contract or Custodial Account, if any, the Plan documents will govern. The formal Plan documents are the only sources upon which you may properly rely to determine your benefits and rights under the Plan. The Plan has changed several times over the years and may be amended again in the future. Your rights are generally determined by the terms of the Plan in effect at the time you terminate employment.

At any time, you may review or obtain a copy of the current Plan documents if relevant to you. To do so, contact the Trinity Health Retirement Program Office at fax number 312.957.2529 or your local Human Resources (HR) Office representative. Although a Trinity Health Retirement Program Office or HR Office representative will help you obtain information about the Plan, the representatives cannot make a binding determination as to your rights or benefits under the Plan. Only the Plan Administrator of the Plan or the Vendor of your Annuity Contract or Custodial Account, if applicable, has that right.
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Definitions

The following provides you with definitions of many of the benefit terms used throughout this SPD. Except as otherwise provided in your Individual Agreement, these words, when capitalized, have the meaning set forth below.

Annuity Contract — A contract that is issued by an insurance company qualified to issue annuities in a State and that includes payment in the form of an annuity (that is, installment payments over your lifetime). Annuity Contracts under the Plan must meet certain rules under the Code, including that the contract may not be transferred to another person.

Beneficiary — The person a participant designates to receive the participant’s Plan benefit after his or her death. The participant’s surviving spouse is generally the participant’s Beneficiary if the participant is married. However, if the participant is married, he or she may select a Beneficiary other than his or her spouse, but only with the consent of the spouse. If a participant is married and designates his or her spouse as the Beneficiary, and the participant’s marriage is later terminated, except as provided in the participant’s Individual Agreement, the participant’s former spouse will remain the participant’s Beneficiary unless and until the participant changes his or her Beneficiary or, if the participant remarries, the participant’s new spouse will become the participant’s Beneficiary (except as otherwise provided in a Qualified Domestic Relations Order). If a participant is not married, the participant must select a person or persons to be his or her Beneficiary. If a participant is not married and has not designated a Beneficiary, except as provided in the participant’s Individual Agreement, the participant’s death benefits, if any, will be paid to the participant’s estate. A participant may designate a Beneficiary and change his or her Beneficiary by contacting the applicable Vendor.


Custodial Account — The group or individual custodial account(s) established for each participant by the Employer, or by each participant individually, to hold assets of the Plan. Custodial Accounts under the Plan must meet certain rules under the Code, including that they may only invest in mutual funds.

Employer — The Plan Sponsor and those affiliated entities of the Plan Sponsor that made contributions to one or more Funding Vehicles on behalf of their employees. A list of the Employers is set forth in Appendix A, as amended from time to time.


Funding Vehicles — The Annuity Contracts and Custodial Accounts issued by the Vendors that fund the Plan.
**Individual Agreement** — The agreement between a Vendor and the Employer, Plan Administrator or a participant that constitutes or governs a Custodial Account or an Annuity Contract.

**Normal Retirement Age** — Except as otherwise provided in an Individual Agreement or a supplement to the SPD applicable to your Plan account, age 65.

**Plan or 403(b) Plan** — The Trinity Health Corporation ERISA 403(b) Retirement Plan (Frozen).

**Plan Sponsor** — Trinity Health Corporation, an Indiana non-profit corporation that is tax-exempt under Code Section 501(c)(3).

**Plan Year** — Same as a calendar year, January 1 – December 31.

**Trinity Health** — As used in this SPD, Trinity Health refers not only to Trinity Health Corporation, but also to all affiliated entities of Trinity Health Corporation, whether or not they are participating Employers in the Plan.

**Vendor** — The provider of an Annuity Contract or Custodial Account. A list of the Vendors of the Funding Vehicles under the Plan is set forth in Appendix B to this SPD, as amended from time to time. In addition, if applicable, a list of the Vendor(s) under the 403(b) plan in which you were a participant that was merged into the Plan that continue to maintain Funding Vehicles under the Plan is set forth in the supplement to this SPD applicable to your Plan benefit.
WHAT IS THE 403(B) PLAN?

The Plan is a 403(b) plan. Your benefit under the Plan is due to the merger of another 403(b) plan into the Plan. See the supplement to the SPD applicable to the 403(b) plan in which you were a participant before it was merged into the Plan for additional information regarding your Plan benefit. The Plan is “frozen” to contributions. As a result, no salary deferral contributions or other Employer contributions are permitted under this Plan. Further, no salary deferral or other contributions were permitted under your Individual Agreement after December 31, 2008 (or such earlier date set forth in your Individual Agreement, if applicable) or, with respect to a 403(b) plan or Individual Agreement that merged into the Plan after that date, after the effective date of such merger (or such earlier date provided under the 403(b) plan or Individual Agreement, if applicable).

WHO IS ELIGIBLE FOR THE 403(B) PLAN?

The only participants in the Plan are those individuals who were participants in a 403(b) plan that was merged into this frozen Plan.

WHAT ARE THE TAX BENEFITS?

If you made pre-tax contributions to a 403(b) plan that was merged into this Plan, you received an immediate tax savings because federal and, generally, state income taxes were not withheld on your pre-tax contributions. (Pre-tax contributions are subject to “FICA” or Social Security and Medicare taxes and to some state and local income taxes.) All earnings accumulate on a tax-deferred basis as well. Any pre-tax contributions and earnings become taxable income only when distributed to you. Distributions normally begin at retirement, when you may be in a lower tax bracket, and thus you may pay lower taxes on your retirement income.

WILL MY EMPLOYER MAKE ANY OTHER CONTRIBUTIONS TO MY PLAN ACCOUNT?

No, the Plan is “frozen” to contributions.

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2 The term “403(b)” refers to the section of the Code that permits the tax deferral of wages into a retirement savings plan by employers that are tax-exempt, charitable organizations.

3 See the “WHAT HAPPENS TO MY PLAN ACCOUNT IF I LEAVE FOR MILITARY DUTY?” Section of the SPD for the only exception.

4 Certain states do not permit pre-tax contributions (e.g., Pennsylvania).

5 See the “WHAT HAPPENS TO MY PLAN ACCOUNT IF I LEAVE FOR MILITARY DUTY?” Section of the SPD for the only exception.
CAN I ROLLOVER OR TRANSFER FUNDS FROM OTHER PLANS OR AN IRA TO THIS PLAN?

Except as permitted under your Individual Agreement, the Plan does not accept rollover contributions into the Plan. The Plan does not accept individual participant transfers into the Plan.

WHEN DO I BECOME VESTED?

You are always 100% vested in any pre-tax contributions and rollover contributions you made to a 403(b) plan that was merged with and into the Plan, regardless of your length of service. The vesting schedule applicable to any other contributions made to a 403(b) plan that was merged into the Plan is set forth in your Individual Agreement and/or the SPD supplement applicable to the merged 403(b) plan.

WHO IS THE PLAN’S ADMINISTRATOR?

Trinity Health Corporation is the Plan Administrator. The Trinity Health Benefits Committee (Benefits Committee) assists Trinity Health Corporation in the administration of the Plan. In addition, to the extent provided in your Individual Agreement, the Vendor with respect to the Individual Agreement may be primarily responsible for the administration of your Plan benefit provided under that Individual Agreement. Accordingly, all references in the SPD to the “Plan Administrator,” are references to Trinity Health Corporation, as assisted in discharging its duties by the Benefits Committee, in accordance with the Benefits Committee’s Charter and By-Laws, and only to the extent it does not detract from the Benefits Committee’s principal purpose of administration of the Trinity Health church plans, and the Vendor with respect to an Individual Agreement to the extent provided in that Individual Agreement. The Trinity Health Retirement Program Office handles the day-to-day administration of the Plan except to the extent a Vendor handles the day-to-day administration of benefits under an Individual Agreement. To contact the Plan Administrator or Benefits Committee, call the Retirement Program Office at fax number 312.957.2529 or contact your local Human Resources representative.

WHAT INVESTMENT OPTIONS ARE AVAILABLE?

The investment options available to you under this Plan for the investment of your Plan account depend on your Vendor and the terms of your Individual Agreement. Please contact your Vendor for information regarding the investment options available to you.

You are not generally permitted to change the investment of your Plan account among the Vendors under the Plan. However, to the extent permitted by your Individual Agreement, you may change the investment of your Plan account from a Vendor other than Transamerica Retirement Solutions to Transamerica Retirement Solutions, if applicable. No other investment changes between Vendors under the Plan is permitted.
ARE LOANS AVAILABLE FROM MY VESTED ACCOUNT BALANCE?

To the extent permitted by your Individual Agreement, if any, and except as otherwise provided in the supplement to the SPD applicable to your Plan benefit, if you have adequate assets within your Plan account and you are an active colleague of Trinity Health, you may obtain a loan from the Plan by calling the Plan Administrator or your Vendor. All loans will be made in accordance with the guidelines set forth in your Individual Agreement. Except as otherwise provided in an Individual Agreement or the SPD supplement applicable to your Plan benefit, all loans will be made in accordance with the following guidelines:

Minimum Loan

The minimum loan is $1,000.

Maximum Loan

The maximum amount you may borrow is determined by your Plan account balance. You may borrow up to 50% of your vested Plan account balance or $50,000, if less, reduced by your highest outstanding loan balance during the past 12 months. If you participate in the Plan and another Trinity Health 403(b) or 401(k) plan, these limits apply to your accounts in the aggregate. Thus, the amount of your highest outstanding loan balance from any plan will be deducted from the amount you are allowed to borrow.

Loan Processing Fee

You may be charged a loan processing fee. Any loan processing fee will be deducted from the balance of your Plan account. Please contact your Vendor for additional information regarding any loan processing fee.

Loan Modeling

To receive information on the maximum loan amount available, interest rates, repayment schedules for various loan amounts, and loan durations for a new or existing loan, you may call your Vendor.

Duration

You can elect to pay back the loan in one to five years for general purpose loans with payments made via payroll deduction each pay period. If the loan is used to purchase your principal residence, you can extend the repayment schedule up to a maximum of 15 years. The repayment schedule may also be extended during a period of military leave.

Source of Assets

Your vested Plan account balance is used to satisfy the amount of the loan requested.
**Interest Rate**

The interest rate charged to you on a Plan loan is established by your Vendor in accordance with the terms of your Individual Agreement. The interest rate is generally fixed for the entire term of the loan. However, the interest rate may be adjusted during a period of military leave to the extent required by law. Contact your Vendor for additional information.

**Number of Loans**

You may generally have only one loan, per plan, outstanding at any one time, subject to the maximum dollar amount loan restrictions. However, if you had more than one loan outstanding with respect to any plan merged into the Plan as of the effective date of the merger, the loans may continue to be outstanding until they are repaid in accordance with the terms of the loans and the Individual Agreement(s) controlling the account assets from which the loans were made, but you will only be allowed to have one loan at a time after any such loans are fully paid.

**Promissory Note**

If you choose to receive the loan proceeds by Direct Deposit (ACH) into your checking or savings account, you must electronically sign a Loan Note and Security Agreement. The Loan Note and Security Agreement will contain a promissory note, security agreement, and truth-in-lending disclosures. If you choose to receive the loan proceeds by check, you will receive a promissory note, security agreement, and truth-in-lending disclosures as a result of your loan request. By endorsing or negotiating the loan check you agree to the terms of the promissory note and security agreement.

**Loan Repayments**

If you are a Trinity Health colleague you will need to make arrangements with your applicable Vendor to make loan payments because payments will not be withheld from your paycheck. In addition, any loan repayments made after you cease to be a colleague of the Employer must be made in accordance with the arrangements you make with your applicable Vendor. The repayment frequency of your loan may be weekly, bi-weekly, semi-monthly, or monthly, depending on the cycle your Vendor determines.

**Prepayment Restriction**

Repayment in full can be made at any time.

**Termination**

If you have an outstanding loan when you separate from service with Trinity Health and postpone the distribution of your Plan account balance, you must contact your Vendor to make arrangements for continued loan repayments, if permitted under the terms of your Individual Agreement.
Default

If you miss a loan payment during a calendar quarter, the loan is considered late. Unless the late payment is corrected in a timely manner, the remaining outstanding loan balance plus accrued interest will be reported as a taxable “deemed” distribution to you.

A missed payment can be made up by remitting the missed payment to your Vendor. To correct a missed loan payment, the payment must be received by your Vendor prior to the last day of the quarter following the quarter in which the payment was missed or such earlier date specified in your Individual Agreement. Please contact your Vendor for additional information regarding correcting missed loan payments.

If a missed payment is not received by the last day of the quarter following the quarter in which the payment was due, or such earlier date specified in your Individual Agreement, the loan will be in default and you will receive a Form 1099R from the applicable Vendor. The 1099R will report the amount of the principal outstanding, plus accrued interest through the date of default, as taxable income to you and to the IRS. You will need to include this amount in your taxable income when you file your tax return for that year. The Plan will continue to carry the loan, for purposes of calculating the amount available for future loans, as a “defaulted loan” until you are entitled to take a distribution of your Plan account, such as on your termination of employment. You will be prohibited from taking out a new loan from the Plan after you have defaulted on a prior loan.

You will not be required to make loan payments during certain qualifying periods while on military leave. Your failure to make payments during a period of qualifying military leave will not cause you to default on a loan. Contact your Vendor or Retirement Program Office for more information if you are taking a military leave of absence.

CAN I WITHDRAW FUNDS FROM MY 403(B) PLAN ACCOUNT IF I SUFFER A FINANCIAL HARDSHIP?

Hardship withdrawals are governed by tax law and the Plan provisions. Hardship withdrawals are permitted only in cases of a participant’s immediate and significant financial need, where the distribution is necessary to satisfy the immediate and significant financial need and the funds are not readily available from other sources. Except as otherwise provided in your Individual Agreement or the SPD supplement applicable to your Plan benefit, you may take a hardship withdrawal from your Plan account balance attributable to pre-tax contributions and rollover contributions, if any. The amount available for a hardship withdrawal generally excludes any of the investment earnings on pre-tax contributions. Except as otherwise provided in your Individual Agreement or the SPD supplement applicable to your Plan benefit, only one hardship withdrawal is permitted during any one Plan Year. If you receive a hardship withdrawal, your pre-tax
contributions (and employee after-tax contributions, if applicable) to any other Trinity Health retirement plan, if applicable, will be suspended for a period of six months.

Except as otherwise provided in an Individual Agreement or the SPD supplement applicable to your Plan benefit, hardship distributions are allowed only for the following reasons:

- Payment of uninsured medical and hospital expenses incurred by you, your spouse, your dependents (as defined in Section 152 of the Code) or your primary designated Beneficiary,
- Purchase of your principal residence (excluding mortgage payments),
- Prevention of eviction from or foreclosure on the mortgage of your principal residence,
- Paying post-secondary education expenses for up to the next 12 months for you, your spouse, your children or dependents (as defined in Section 152 of the Code) or your primary designated Beneficiary,
- Payment of funeral or burial expenses for your deceased parent, spouse, child, other dependent, or primary designated Beneficiary, and
- Payment of expenses to repair damage to your principal residence resulting from a sudden, unexpected or unusual event, such as a flood, hurricane, tornado, or fire, that would qualify for a casualty loss deduction under Code Section 165 (without regard to whether the loss exceeds 10% of adjusted gross income).

To qualify for a hardship distribution, you must make sure no other resources or funds are reasonably available and must first obtain all available distributions (other than hardship distributions) and all non-taxable loans under all Trinity Health or Employer retirement plans.

A financial hardship distribution cannot exceed the amount required to meet the immediate and heavy financial need created by the hardship, but may include monies necessary to pay federal, state, or local income tax and penalties resulting from the distribution. You should be aware that early withdrawals (prior to age 59½) are normally subject to a 10% IRS early distribution tax in addition to ordinary taxation. There is no exception for hardship withdrawals. You can elect to have 10% income tax withheld from a hardship distribution to assist you with paying the taxes that you will owe on the amount withdrawn.

If you receive a financial hardship distribution and your pre-tax contributions (and employee after-tax contributions, if applicable) to any other Trinity Health retirement plan, if applicable, are suspended, they will automatically be restarted at the end of the six month suspension period. If you do not want your contributions to restart, you will need to take steps to stop them at the end of the suspension period. Keep in mind that while your contributions are suspended, however, you will also be missing out on matching contributions. So, it is important to your future retirement security to restart contributions as soon as possible.
Contact your Vendor or the Retirement Program Office if you want to request a hardship withdrawal. Except as otherwise provided in an Individual Agreement, the Plan Administrator or its delegate shall determine whether a hardship withdrawal is permitted. A Vendor is responsible for processing all hardship withdrawals under its Individual Agreements.

ARE THERE OTHER INSTANCES IN WHICH A WITHDRAWAL FROM MY 403(B) PLAN ACCOUNT IS PERMITTED BEFORE I TERMINATE FROM EMPLOYMENT WITH TRINITY HEALTH?

Age 59½

Subject to your Individual Agreement and the SPD supplement applicable to your Plan benefit, upon the attainment of age 59½, one time per calendar quarter you may elect a distribution for any reason of all or a portion of your pre-tax contributions and rollover contributions, if any. Such distributions are governed by tax law. The distribution is subject to normal income tax, but the 10% early distribution tax is not applicable. A Vendor is responsible for processing all distributions under its Individual Agreements.

Rollovers

Subject to your Individual Agreement and the SPD supplement applicable to your Plan benefit, you may elect a distribution at any time of all or a portion of your rollover contributions, if any. Such distributions are governed by tax law. The distribution is subject to normal income tax and the 10% early distribution tax is applicable. A Vendor is responsible for processing all distributions under its Individual Agreements.

Qualified Reservist Distributions

Subject to your Individual Agreement and the SPD supplement applicable to your Plan benefit, if you are a reservist in the United States’ military and you are called to active duty for a period of more than 179 days, or an indefinite period, you are eligible to take a distribution of all or a portion of your pre-tax contributions. This distribution must be made during the period beginning with your call to duty and ending at the end of your active duty period. The distribution amount will be taxable income to you in the year of receipt, unless you elect to roll over this money. If you do not elect a rollover, the taxable portion of the distribution will be subject to mandatory 20% federal income tax withholding. However, the 10% early distribution tax for distributions before age 59½ will not apply. A Vendor is responsible for processing all distributions under its Individual Agreements.

WHEN CAN BENEFITS BE PAID?

Your vested Plan account is generally payable in the event of your death or termination from employment with Trinity Health (i.e., Trinity Health Corporation and all of Trinity Health Corporation’s affiliated entities, whether or not they are participating Employers under this Plan). If you have a termination from
employment with Trinity Health, you may contact your Vendor to discuss the distribution of your Plan account balance. Except as otherwise provided in your Individual Agreement or the SPD supplement applicable to your Plan benefit, your options about when to receive your benefits depend on the amount of your vested account balance:

- **$1,000 or Less.** Except as otherwise provided in your Individual Agreement or the SPD supplement applicable to your Plan benefit, if the value of your vested account balance is $1,000 or less when you terminate employment, you can elect to receive your vested account balance in a single lump sum payment or roll it over into an Individual Retirement Account/Annuity (IRA) or another retirement plan that accepts rollover contributions. If you do not make an affirmative election to have your vested account balance rolled-over to an IRA or another retirement plan, it will automatically be paid to you in a single lump sum without your consent.

- **Greater than $1,000 but not more than $5,000.** Except as otherwise provided in your Individual Agreement or the SPD supplement applicable to your Plan benefit, if the value of your vested account balance is greater than $1,000 but is less than or equal to $5,000 when you terminate employment, you can elect to receive a single lump sum payment or to have it rolled over to an IRA provider or other retirement plan of your choice that will accept a rollover. If you do not make a timely payment election, except as otherwise provided in your Individual Agreement or the SPD supplement applicable to your Plan benefit, your vested account will be rolled-over to an IRA provider chosen by the Plan Administrator without your consent. If your vested account balance is automatically rolled into an IRA, it will be invested in a product designed to preserve the principal while providing a money market rate of return and preserving liquidity. The fees assessed against this newly established IRA by its provider will be withdrawn from your IRA account assets. The fees and expenses will be comparable to the fees and expenses charged by the IRA provider for other IRAs. You may transfer the funds in this automatic rollover IRA to another IRA or to another retirement plan that will accept such amounts at any time.

- **More than $5,000.** Except as otherwise provided in your Individual Agreement or the SPD supplement applicable to your Plan benefit, if the value of your vested account balance is more than $5,000 when you terminate employment, you may, but are not required to, elect a distribution of your account balance in one of the forms described in this SPD or your Individual Agreement, if different. You can request the forms required for a distribution by contacting your Vendor.

Under federal tax law, you are required to start receiving payment of your Plan benefit by April 1st of the year following the later of the year you terminate employment with Trinity Health or the year you attain age 70½. This is your “required beginning date.” If you do not start payments before that time, you will be contacted to begin distributions in accordance with these legal requirements.

- **Except as otherwise provided in your Individual Agreement, if you are serving in the uniformed services of the United States military, you are eligible to receive a distribution from your Plan account. If you return to employment with the Employer, after taking a military service distribution, you cannot make pre-tax contributions or catch-up contributions to any other Trinity Health retirement plan for a period of six months after the date of your distribution.**
Except as otherwise provided in your Individual Agreement, the Plan Administrator shall determine whether your Plan benefit is payable. A Vendor is responsible for processing all distributions under its Individual Agreements.

Please note that, if you are the sole owner of the Funding Vehicle, except as otherwise provided in your Individual Agreement, your vested account balance will not be distributed without your consent until the participant’s required beginning date even if the account balance is equal to or less than $5,000. However, in this case, after your employment with Trinity Health terminates, the Plan Administrator may distribute the actual Funding Vehicle to you without your consent in full satisfaction of your Plan benefit funded by that Funding Vehicle.

WHAT ARE THE BENEFIT PAYMENT OPTIONS?

Except as otherwise provided in your Individual Agreement, if the value of your vested account is $5,000 or less, the only payment option is a single lump sum. Except as otherwise provided in your Individual Agreement, if the value of your vested account is more than $5,000, then you may choose one of the following options:

- A single lump sum payable to you.
- Installment payments – substantially equal annual, semi-annual, quarterly or monthly installment payments over a specified number of years. The number of years you select cannot exceed your life expectancy at the time payments begin, or the combined life expectancies of you and your spouse or other designated Beneficiary.
- A single lump sum payable as a direct rollover to another qualified retirement plan or IRA (including a Roth IRA).
- A series of partial lump sum distributions of at least $500. Only one partial lump sum distribution is permitted each calendar quarter, but you can request the payment of the remaining balance of your vested account in a single sum at any time.

Except as otherwise provided in your Individual Agreement, the Plan Administrator will determine whether your benefit is payable and the Vendor for your Funding Vehicle is responsible for processing all distributions under your Individual Agreement.

Death Benefits

Except as otherwise provided in your Individual Agreement, if the value of your vested Plan account balance is $5,000 or less, it will be paid to your Beneficiary in a single lump sum as soon as practicable after your death. If your Beneficiary does not elect whether to receive the payment in cash or to roll it over to an IRA, it will be automatically rolled over to an IRA, as described above. In general, except as otherwise provided in your Individual Agreement, if the value of your vested Plan account balance is more than
$5,000, it may be paid to your Beneficiary in one of the following forms, as elected by you prior to your death:

- A single lump sum,
- Installment payments over a specified number of years not to exceed the life or life expectancy of your spouse or other designated Beneficiary,
- Direct rollover to another qualified plan or IRA (including a Roth IRA); if your Beneficiary is not your spouse, a direct rollover may be made only to an IRA that is established on behalf of the designated Beneficiary and that will be treated as an “inherited IRA,” or
- A series of partial lump sum distributions of at least $500. Only one partial lump sum distribution is permitted each calendar quarter.

Except as otherwise provided in your Individual Agreement, if you do not elect a method of payment prior to your death, your Beneficiary may select the method of payment. If you die after distribution of your account has begun, the remaining portion of the account will continue to be distributed at least as rapidly as under the method of distribution being used prior to your death.

**WHAT IF A CLAIM FOR BENEFIT PAYMENTS IS DENIED?**

Except as otherwise provided in your Individual Agreement, the Administrator (or its delegate) is responsible for determining the amounts payable from the Plan and advising each participant or Beneficiary of those amounts. Within 90 days of receipt of a claim, the Administrator (or its delegate) will either approve or deny your claim. If your claim is denied in whole or in part, the Administrator (or its delegate) will notify you of its decision in a written or electronic communication, which will contain: (a) the specific reason(s) for the claim’s denial, (b) specific reference to pertinent Plan provisions on which the decision is based, (c) a description of any additional material or information necessary for you to perfect your claim and an explanation of why such material or information is necessary, (d) a description of the Plan’s appeal procedures and time limits applicable to such procedures, and (e) a statement of your right to bring an action in federal court under Section 502(a) of ERISA with respect to any adverse benefit determination on appeal (i.e., after the Plan’s appeal procedures have been exhausted). The notice will be sent to the address of the claimant filing the claim as it appears in the books and records of the participant’s Employer, or at such other address as the claimant may direct. Under special circumstances, the Administrator is allowed an additional period of not more than 90 days (180 days in total) within which to make a decision on a claim and notify the claimant of the decision. If such an extension is required, the claimant will receive a written notice indicating the reason for the delay and the date the claimant may expect a final decision.
If your claim is denied in whole or in part, you or your authorized representative has the right to request a review of the denial. A written appeal must be made to the Plan Administrator within 60 days of receipt of the written notice of denial; otherwise you will be deemed to have waived your right to appeal. In your appeal, you may include any other information you consider pertinent to the Plan Administrator’s consideration of your request. You may submit written issues, comments, records, documents and other information related to your claim to the Plan Administrator. You or your designated representative may review all Plan documents and other papers that affect the claim and may, upon request and at no charge, be provided reasonable access to and copies of all documents, records and other information relevant to your claim.

If your appeal is received by the appropriate deadline, the Plan Administrator will independently review your appeal and any additional information that you submit. The Plan Administrator will notify you of its decision regarding your appeal within 60 days after receipt of your appeal. If special circumstances require, the time period may be extended for 60 days. The Plan Administrator will notify you of the necessary extension before the first 60-day period ends.

If your appeal is denied, the Plan Administrator will send you a notice that contains: (a) the specific reason(s) for the denial, (b) reference to the specific Plan provisions on which the denial is based, (c) a statement that you may receive, upon request and at no charge, reasonable access to and copies of all documents, records and information relevant to your claim, and (d) a statement of your right to bring an action in federal court under Section 502(a) of ERISA. The notice will be sent to the address of the claimant filing the claim as it appears in the books and records of the participant’s Employer, or at such other address as the claimant may direct.

In addition to the general claims procedures set forth above, if your claim or appeal involves amounts payable from the Plan due to your disability, the following special procedures apply:

- If the Administrator denies your disability claim, in whole or in part, you will be notified in writing why your claim is being denied (by referring to specific Plan provisions) and how applications are reviewed within a reasonable period of time, but not later than 45 days after receipt of the claim by the Administrator. If the Administrator determines that, due to matters beyond control of the Plan and Administrator, a decision on your disability retirement benefit claim cannot be reached within 45 days, an additional 30 days may be provided and the Administrator will notify you of the extension before the end of the original 45-day period. The 30-day extension may be extended for a second 30-day period, if before the end of the original extension, the Administrator determines that, due to circumstances beyond the control of the Plan and Administrator, a decision cannot be made within the original 30-day extension period.
• You have 180 days following receipt of a disability claim denial in which to file a written appeal of the denial with the Plan Administrator.

• If you file your written appeal timely, the Plan Administrator will review your appeal and notify you of its determination within a reasonable period of time, but not later than 45 days after its receipt of your written appeal. If the Plan Administrator determines that special circumstances (such as the need to hold a hearing) require an extension of time for processing the appeal, the Plan Administrator will notify you of the extension before the end of the initial 45 day period. Such an extension, if required, shall not exceed 45 days.

Any legal action against the Plan must be filed within one year after the time that the Plan’s claims process has been completed, or if earlier, two years from the date you knew or should have known that a claim existed. Claims made after these dates will be denied as not timely.

**CAN AMOUNTS ACCUMULATED UNDER THIS 403(B) PLAN BE ROLLED OVER INTO ANOTHER PLAN?**

Yes, subject to your Individual Agreement and any applicable Plan provisions, if your employment with Trinity Health terminates, your vested Plan account balance can be directly rolled over to another employer’s qualified retirement plan, 403(b) plan or certain governmental 457(b) plans (if the plan you select accepts rollovers) or to an IRA (including a Roth IRA). This procedure would avoid the 10% early distribution penalty that may apply as well as current income taxation of the amount transferred (including the 20% mandatory withholding tax).

**HOW ARE FORFEITURES ALLOCATED?**

Forfeitures may occur when a participant who is not vested in employer contributions terminates employment. Except as provided in your Individual Agreement, any non-vested employer contributions in your Plan account will generally be forfeited if you terminated from employment with Trinity Health and take a distribution of the vested amounts in your Plan account or, if vested funds are not distributed, after five Plan Years elapse without you becoming re-employed by Trinity Health. Forfeited amounts are applied to pay administrative expenses of the Plan, as determined by the Plan Administrator.

**WHAT HAPPENS TO MY PLAN ACCOUNT IF I LEAVE FOR MILITARY DUTY?**

Although the Plan is generally frozen to new contributions, if you are on a leave of absence for your military duty at the time the 403(b) plan in which you are participating is merged into the Plan and return to employment with a participating Employer within the prescribed period of time, you may make any pre-tax contributions to the Plan that you would have made had you been working for a participating Employer.
during your military leave. Such contributions will be based on the compensation you would have received from a participating Employer if you were not on military duty. If this amount of compensation is not reasonably determinable, compensation will be based on the average rate of compensation you received from your participating Employer during the 12 months before your military duty began (or, if you were employed less than 12 months before your military duty began, the average rate of compensation you received from your participating Employer during that period of employment). If you decide to make up pre-tax contributions to your account, and your Employer made matching contributions to participants’ plan accounts while you were on military duty, upon your timely return to employment with your Employer, your Employer will credit your Plan account with the appropriate matching contributions. If your Employer made any other type of Employer contribution to participants’ plan accounts while you were on military duty, upon your timely return to employment with your Employer, your Employer will credit your Plan account with the appropriate Employer contributions you would have received during the period of military leave. In addition, if you leave employment with the Employer for military duty and you die on or after January 1, 2007 while performing qualified military service, your Plan account balance will become 100% vested.

WHAT HAPPENS TO THE MONEY IN THE 403(B) PLAN?

The funds in the Plan that are held in a Funding Vehicle under your Individual Agreement are invested in the investment options provided by your Vendor for that Funding Vehicle and selected by you.

WHO CONTROLS THE INVESTMENTS OF THE 403(B) PLAN?

You may direct the investment of your account among the investment options available under a Funding Vehicle in accordance with the terms of your Individual Agreement applicable to that Funding Vehicle. Your investment directions must follow the Vendor’s procedures as in effect from time to time. Except as otherwise provided in your Individual Agreement, in general, the following procedures will apply:

1. The Plan is intended to constitute a plan described in Section 404(c) of ERISA. The fiduciaries of the Plan may be relieved of liability for losses that are the direct result of investment instructions given by participants.

2. The Vendor under your Individual Agreement will be responsible for providing information to participants concerning the Funding Vehicle’s investment direction feature.

3. You may direct future investments in your account on a daily basis by contacting your Vendor. Transfers of existing assets among the investment options under the Funding Vehicle may also generally be made on a daily basis. Note that there may be restrictions associated with moving funds between certain similar investments. If any restrictions apply, you will be notified.

4. Direct stock investments are not allowed.
5. You should receive the following information from your Vendor:

a) A description of the investment alternatives available under the Funding Vehicle and, with respect to each investment alternative, a general description of the investment objectives and risk and return characteristics of each alternative, including information relating to the type and diversification of assets comprising the portfolio of the designated investment alternative. If an investment option has a prospectus, you will be provided a copy when you first make an investment in that option.

b) A description of any transaction fees and expenses that affect your account balance in connection with purchases or sales of interests in investment alternatives.

c) Voting, tender, and similar rights are passed through to you under the terms of your Individual Agreement. Consequently, subsequent to your investment in an investment alternative, you will receive any materials provided to the Vendor relating to the exercise of voting, tender, or similar rights that are incidental to the holding of the investment, as well as a description of or reference to Funding Vehicle provisions relating to the exercise of voting, tender, or similar rights.

Subject to the terms of your Individual Agreement, the Vendor has the right to change the service provider and investment options available under the Individual Agreement at any time.

ARE THERE ANY 403(B) PLAN FEES?

Generally, investment fund options have investment management fees. These fees vary by fund and are available in the fund’s prospectus. Also, depending on the funds that your account is invested in, you may receive a credit to your account based on revenue sharing agreements with eligible funds. Further, a loan fee may apply if you obtain a loan from the Plan. Please see your Individual Agreement or contact your Vendor for additional details.

If the Vendor for all or part of your Plan benefit is Transamerica Retirement Solutions, a quarterly fee for administrative expenses of $10.25 ($41 annually) will be assessed to your Plan account held under the Funding Vehicle issued by Transamerica Retirement Solutions. In addition, the investment fund options have investment management fees. These fees vary by fund and are available in the fund’s prospectus. Also, depending on the funds in which your account is invested, you may receive a credit to your account based on revenue sharing agreements with eligible funds.

Information about fees and expenses with respect to the Funding Vehicle that is the Annuity Contract issued by Transamerica Retirement Solutions with Trinity Health as the contract-holder can be found on the Retirement Program website at https://retirementprogram.trinity-health.org. The Investment Subcommittee of the Stewardship Committee of the Board of Directors of Trinity Health Corporation monitors the fund options and fees for the Funding Vehicle that is the Annuity Contract issued by Transamerica Retirement Solutions with Trinity Health as the contract-holder on a quarterly basis in accordance with the Plan’s Investment Policy Statement and makes necessary changes. Further, with respect to the Funding Vehicle
that is the Annuity Contract issued by Transamerica Retirement Solutions with Trinity Health as the contract-holder, a distribution and withdrawal fee of $25 per transaction applies to each distribution and hardship withdrawal and a loan fee will apply if you obtain a loan from the Plan. The fees may change from time to time and you will be notified of any change in a fee that is applicable to you. Please see your Individual Agreement or contact your Vendor for additional details regarding investment fees and expenses.
Plan Legal Information

WHAT HAPPENS TO MY 403(B) PLAN ACCOUNT BALANCE IN THE EVENT I GET DIVORCED AND PART OF THE SETTLEMENT INCLUDES A QUALIFIED DOMESTIC RELATIONS ORDER?

If you are divorced, the court may enter a Qualified Domestic Relations Order (QDRO). QDROs specify that a part of your retirement benefit be paid to someone else (such as a spouse, former spouse, child, or other dependent). Such payments will be made in accordance with the terms of your Individual Agreement. You will be notified if the Plan Administrator receives a QDRO and what affect the QDRO has on your Plan account balance. You may obtain a copy of the Plan’s procedures governing QDRO determinations from the Plan Administrator without charge. Model QDRO forms are available.

CAN THE 403(B) PLAN BE AMENDED OR TERMINATED?

Participation in the Plan is not a guarantee of continued employment with Trinity Health, nor is it a guarantee that the retirement benefit levels will remain unchanged in future years. Trinity Health Corporation intends to continue the Plan indefinitely, but reserves the right to amend, suspend, or terminate the Plan at any time. If the Plan is wholly or partially terminated, the participants affected will become fully vested in the benefits they earned as of the date of Plan termination and distributions will be made in accordance with provisions of the Plan, the applicable Funding Vehicle(s) and your Individual Agreement.

In addition to Trinity Health Corporation’s ability to amend the Plan, the Plan Administrator, Administrator and Executive Leadership Team (“ELT”) of Trinity Health Corporation have the right, at any time, without the consent of the Employers, participants, spouses, beneficiaries, contingent beneficiaries or any person or persons claiming through them, to modify or amend, any or all of the provisions of the Plan if the amendment does not (i) have a material adverse financial impact on the Plan or the Employer, (ii) materially expand the authority of the Plan Administrator, Administrator and ELT of Trinity Health Corporation, respectively, or decrease the authority of the Board of Directors of Trinity Health Corporation, or (iii) materially change or increase the benefits provided under the Plan. Material amendments must be approved by the Board of Directors of Trinity Health Corporation.

The Plan may not be modified or amended simply by representations, oral or otherwise, that may be made to you concerning the Plan. Accordingly, you should not consider the Plan to have been amended based on assertions made by a supervisor or an HR Office representative, for instance. If you believe that you have received information that is contrary to the terms of either the Plan or this SPD, please contact the Plan Administrator for clarification or confirmation.
WHAT IS THE PLAN YEAR?

The Plan Year is the 12-month period commencing on January 1 and ending on December 31.

WHAT HAPPENS TO MY 403(B) PLAN BENEFIT IN A MERGER, CONSOLIDATION, OR TRANSFER?

If the Plan is merged or consolidated with another plan, or your account balance is transferred to another plan, your retirement benefit under that other plan will be equal to at least the amount to which you would be entitled if the Plan had been terminated just before the change.

WHAT ARE MY RIGHTS UNDER ERISA?

As a participant in the Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all Plan participants shall be entitled to:

Receive Information about Your Plan and Benefits

You may:

■ Examine, without charge, at the Plan Administrator’s office and at other specified locations, 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 Employee Benefits Security Administration.6

■ Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts, collective bargaining agreements, copies of the latest annual report (Form 5500 Series), and an updated summary plan description. The Plan 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.

■ Obtain a statement telling you whether you have a right to receive a pension at Normal Retirement Age and if so, what your benefits would be at Normal Retirement Age if you stop working under the Plan now. If you do not have a right to a pension, the statement will tell you how many more

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6 The Plan Administrator may not have a copy of the Individual Agreement between you and a Vendor because it is not a party to the Individual Agreement. In this case, you will need to contact your Vendor for the Individual Agreement.
years you have to work to get a right to a pension. This statement must be requested in writing and is not required to be given more than once every 12 months. The Plan must provide the statement free of charge.

Prudent Actions 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 or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a pension benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a pension 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 from 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 Plan Administrator. If you have a claim for benefits that 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 federal court. If it should happen that Plan fiduciaries misuse 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 a 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.

For Assistance with Your Questions

If you have any questions about the 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 Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You also may obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration at 800.998.7542.

**DOES THE FEDERAL GOVERNMENT INSURE MY 403(B) PLAN BENEFITS?**

The benefits provided by the Plan are not insured by the Pension Benefit Guaranty Corporation because the provisions of ERISA dealing with plan termination insurance do not apply to this type of plan.
Important Plan Information

Trinity Health Corporation ERISA 403(b) Retirement Plan (Frozen)

Plan Number: 014

Employer Identification Number: 35-1443425

Plan Year is the same as calendar year, January 1 – December 31

- **Plan Administrator**

  Trinity Health Corporation  
  Attn: Retirement Program Office  
  20555 Victor Parkway  
  Livonia, Michigan 48152  
  312.957.2529 (fax)

  The Trinity Health Benefits Committee (Benefits Committee) assists Trinity Health Corporation in the administration of the Plan. Accordingly, all references in the SPD to the “Plan Administrator,” are references to Trinity Health Corporation, as assisted in discharging its duties by the Benefits Committee, in accordance with the Benefits Committee’s Charter and By-Laws, and only to the extent it does not detract from the Benefits Committee’s principal purpose of administration of the church plans. In addition, to the extent provided in your Individual Agreement, the Vendor with respect to the Individual Agreement may be primarily responsible for the administration of your Plan benefit provided under that Individual Agreement. Accordingly, all references in the SPD to the “Plan Administrator,” are references to Trinity Health Corporation, as assisted in discharging its duties by the Benefits Committee, in accordance with the Benefits Committee’s Charter and By-Laws, and only to the extent it does not detract from the Benefits Committee’s principal purpose of administration of the Trinity Health church plans, and the Vendor with respect to an Individual Agreement to the extent provided in that Individual Agreement.

- **Administrator**

  Trinity Health Corporation  
  Attn: Senior Vice President, Total Rewards  
  20555 Victor Parkway  
  Livonia, Michigan 48152  
  312.957.2529 (fax)

- **Vendors**

  The Vendors have the sole responsibility for the administration of the Funding Vehicles and the management of the assets held under the Funding Vehicles. If the Funding Vehicle for your Plan account is a group Annuity Contract between Trinity Health Corporation and Transamerica
Retirement Solutions, the Custodian for the portion of your Plan account held in that Annuity Contract is State Street Bank and Trust Company, 200 Claredon Road, Boston, MA 02116-5021, and the Vendor is:

Transamerica Retirement Solutions
c/o Trinity Health Retirement Savings Plan
440 Mamaroneck Avenue
Harrison, NY 10528
800.394.5240

If the Funding Vehicle for your Plan account is not a group Annuity Contract between Trinity Health Corporation and Transamerica Retirement Solutions, please see the supplement to the SPD applicable to your Plan account for the applicable Vendor and the Vendor’s contact information or contact the Retirement Program Office at fax number 312.957.2529.

Type of Plan: Defined Contribution

AGENT FOR SERVICE OF PROCESS

The law requires someone to be named as Agent for Service of Process. That is, someone to whom court papers may be given officially if a court dispute does arise. The person currently named as the Agent for Service of Process is CT Corp., which may be served with process at 30600 Telegraph Road, Bingham Farms, Michigan 48025. Process also may be served upon the Plan Administrator at:

Trinity Health Corporation
Attn: Retirement Program Office
20555 Victor Parkway
Livonia, Michigan 48152
312.957.2529 (fax)
APPENDIX A - EMPLOYERS

Mercy Health Partners – Hackley Campus
Mercy Health Partners – Lakeshore Campus
Professional Med-Team, Inc.
Loyola University Medical Center
Gottlieb Memorial Hospital
Gottlieb Community Health Services, Inc.
Sisters of Providence Health System, Inc.
Asylum Hill Family Medicine Center, Inc.
Johnson Memorial Medical Center, Inc.
Johnson Memorial Hospital, Inc.
Johnson Health Care, Inc.
Home & Community Health Services, Inc.
St. Joseph’s Hospital Health Center
St. Joseph’s Physician Health, P.C.
St. Joseph’s Medical, P.C.
Sunnyview Hospital and Rehabilitation Center
APPENDIX B - VENDORS

Lincoln Financial Group*

Brighthouse (formerly MetLife)*

Farm Bureau Life*

American Funds*

Fidelity Investments*

Teachers Insurance and Annuity Association of America and College Retirement Equity Fund (TIAA-CREF)*

VALIC Financial Advisors, Inc.*

JP Morgan Chase Bank, N.A.*

Mutual of America*

Voya Financial*

Transamerica Retirement Solutions (formerly Diversified Investment Advisors)

*Not all of the Vendors listed above are Vendors for all participant accounts. Please see the SPD supplement applicable to the 403(b) plan in which you were a participant that was merged into the Plan for the Vendor(s) that were available under that 403(b) plan. The Vendor(s) for your Plan account is (are) the Vendor(s) for your Funding Vehicle(s) under the 403(b) plan in which you were a participant that was merged into the Plan unless you are eligible to transfer your Plan account from such Vendor(s) to Transamerica Retirement Solutions and elect to make such a transfer in accordance with the terms of the Plan and your Individual Agreement.
Trinity Health Corporation ERISA 403(b) Retirement Plan (Frozen)

Summary Plan Description Supplement

HACKLEY HOSPITAL 403(b) PLAN

The provisions of this SPD supplement apply only to accounts established or maintained under the Hackley Hospital 403(b) Plan (“Hackley Plan”) that were transferred to the Plan in connection with merger of the Hackley Plan into the Plan effective January 1, 2009.

Loans

If a loan issued before January 1, 2009, was used to purchase your principal residence, the repayment schedule may be up to a maximum of 20 years. All other provisions in the SPD regarding loans apply.

In-service distributions

Except as otherwise provided in an Individual Agreement, a participant may receive a distribution of his or her benefit prior to the participant’s termination from employment with Trinity Health (i.e., Trinity Health Corporation and all of Trinity Health Corporation’s affiliated entities, whether or not they are participating Employers under this Plan) as follows:

- Age 59-1/2: All or a portion of a participant’s vested account balance, to the extent not required to secure a loan, may be distributed to the participant after the participant attains age 59-1/2.

- Hardship: All or a portion of a participant’s vested account balance held under an Annuity Contract, to the extent not required to secure a loan, may be distributed to the participant on account of a financial hardship as described in the SPD. All or a portion of a participant’s vested account balance resulting from elective deferral contributions (excluding earnings on such contributions) or rollover contributions held under a Custodial Account, to the extent not required to secure a loan, may be distributed to the participant on account of a financial hardship as described in the SPD or, if different, Individual Agreement.

- Normal retirement age (65): All or a portion of a participant’s account balance, to the extent not required to secure a loan, may be distributed to the participant after the participant attains normal retirement age.

- Disability: All or a portion of a participant’s account balance, to the extent not required to secure a loan, may be distributed to the participant if the participant becomes Disabled. For purposes of this SPD supplement, a participant is considered “Disabled” if he or she experiences a physical or mental impairment which is expected to result in death or blindness or which can be expected to last for a continuous period of not less than 12 months resulting in the participant being entitled to Social Security Disability Benefits.

- Rollover Contributions: To the extent not required to secure a loan, a participant’s account balance attributable to rollover contributions may be withdrawn by the participant at any time.

Vesting

All amounts contributed to participants’ accounts are 100% vested.
Death of a participant before distributions begin and before the participant's required beginning date

If a participant dies before payment of his or her Plan account begins, the participant’s entire account balance will be distributed, or begin to be distributed no later than as follows:

- If the participant's surviving spouse is the participant’s sole designated Beneficiary, then distributions to the surviving spouse will begin by December 31 of the calendar year immediately following the calendar year in which the participant died, or by December 31 of the calendar year in which the participant would have attained age 70-1/2, if later.

- If the participant's surviving spouse is not the participant’s sole designated Beneficiary, then distributions to the designated Beneficiary will begin by December 31 of the calendar year immediately following the calendar year in which the participant dies. Alternatively, if the designated Beneficiary so elects, the participant’s entire account balance may be distributed to the designated Beneficiary by December 31 of the calendar year containing the fifth anniversary of the participant’s death.

If there is no designated Beneficiary as of September 30 of the year following the year of the participant’s death, the participant’s entire account balance will be distributed by December 31 of the calendar year containing the fifth anniversary of the participant’s death.

If the participant’s surviving spouse is the participant’s sole designated Beneficiary and the surviving spouse dies after the Participant but before distributions to the surviving spouse begin, this section will apply as if the surviving spouse were the participant.

Vendors

The Vendors for the accounts established or maintained under the Hackley Hospital 403(b) Plan that were merged into the Plan are:

Lincoln Financial Group (CR #31384, CR #03232, CR #33584 and CR #33585)
Phone: 260.455.2164
Fax: 260.455.4255
Email: Michelle.Massey@lfg.com

Brighthouse (formerly MetLife) (Group #1095404 and Group #1095405)
Phone: 800.842.3330
Fax: 877.549.5834
Email: FULLSERVICE@METLIFE.COM

Farm Bureau Life (Contract# OB44 and Contract# OB67 (Lakeshore))
Phone: 517.391.5026
Fax: 517.323.7671
Email: j buehle@fbinsmi.com

American Funds (Group #650720916)
Phone: 800.421.0180, Ext. 33167 or 231.861.5219
Email: gary.grinwis@fbinsmi.com
If a participant has elected to transfer his or her account balance from a Vendor listed above to Transamerica Retirement Solutions the contact information for the Vendor is set forth in the SPD.
The provisions of this SPD supplement apply only to accounts established or maintained under the Professional Med-Team, Inc. Tax Deferred Retirement Savings Plan (“Professional Med-Team Plan”) that were transferred to this Plan in connection with the merger of the Professional Med-Team Plan into the Plan effective January 1, 2009.

**Beneficiary**

If no Beneficiary designation has been made or the designated Beneficiary has predeceased the participant, the participant is deemed to have designated the following as the participant’s Beneficiaries and contingent Beneficiaries, with priority in the order named:

- The participant’s spouse.
- The participant’s descendants by right of representation.
- The Participant’s estate.

**Small Account Balances**

If a participant’s vested account balance exceeds $1,000, the account balance will not be distributed without his or her consent until the participant’s required beginning date. If a participant’s vested account balance is not greater than $1,000 at time of the participant’s termination from employment with Trinity Health (i.e., Trinity Health Corporation and all of Trinity Health Corporation’s affiliated entities, whether or not they are participating Employers under this Plan), except as otherwise provided in the participant’s Individual Agreement, the Vendor shall distribute the participant’s vested account balance to the participant or the participant’s Beneficiary, as the case may be, in a single payment as soon as administrative practicable after the termination from employment with Trinity Health. If the value of a participant’s vested account balance is zero at the time of the participant’s termination from employment with Trinity Health, the participant is deemed to have received a distribution of the participant’s vested account balance.

**Vesting**

All amounts contributed to participants’ accounts are 100% vested at all times.

**Loans**

Except as otherwise provided in the Individual Agreement, the provisions in the SPD regarding loans apply.

**In-service distributions**

Except as otherwise provided in an Individual Agreement, a participant may receive a distribution of his or her benefit prior to the participant’s termination from employment with Trinity Health (i.e., Trinity Health Corporation and all of Trinity Health Corporation’s affiliated entities, whether or not they are participating Employers under this Plan) as follows:
• Age 59½: All or a portion of a participant’s vested account balance, to the extent not required to secure a loan, may be distributed to the participant after the participant attains age 59-1/2.

• Hardship: All or a portion of a participant’s vested account balance held under an Annuity Contract, to the extent not required to secure a loan, may be distributed to the participant on account of a financial hardship as described in the SPD. All or a portion of a participant’s vested account balance resulting from elective deferral contributions (excluding earnings on such contributions) or rollover contributions held under a Custodial Account, to the extent not required to secure a loan, may be distributed to the participant on account of a financial hardship as described in the SPD.

• Normal retirement age (65): All or a portion of a participant’s account balance, to the extent not required to secure a loan, may be distributed to the participant after the participant attains normal retirement age.

• Rollover Contributions: To the extent not required to secure a loan, a participant’s account balance attributable to rollover contributions may be withdrawn by the participant at any time.

Vendor

The Vendor for the accounts established or maintained under the Professional Med-Team, Inc. Tax Deferred Retirement Savings Plan is:

Fidelity (Contract #62795)
Phone: 800.343.0860 or 888.502.7526
Fax: 877.800.5761
Email: https://sponsor.fidelity.com/pspublic/pca/psw/public/homepage.html

If a participant has elected to transfer his or her account balance from the Vendor listed above to Transamerica Retirement Solutions the contact information for the Vendor is set forth in the SPD.
Trinity Health 403(b) Retirement Savings Plan
Summary Plan Description Supplement

LOYOLA UNIVERSITY MEDICAL CENTER 403(b) RETIREMENT SAVINGS PLAN

The provisions of this SPD Supplement apply only to accounts established or maintained under the Loyola University Medical Center 403(b) Retirement Savings Plan (the “Loyola Plan”) that were transferred to this Plan. The Loyola Plan was consolidated and merged with and into the Plan effective December 31, 2012.

Vesting

All amounts contributed to participants’ accounts are 100% vested at all times.

Loans

- Prior to January 1, 2013, a participant could have no more than two (2) loans outstanding at a single time. Effective as of January 1, 2013, a participant may have no more than one (1) loan outstanding at a single time. However, if a participant has more than one loan outstanding as of January 1, 2013, the loans may continue to be outstanding until they are repaid or distributed in accordance with the terms of the loans, the Plan and the applicable Funding Vehicle(s).

- The rate of interest charged on a Plan loan shall be the prime interest rate published by USA Today for the date nearest the date the loan is made, plus 1.5%.

- Non-military leaves of absence shall result in a suspension of loan repayments for a period of up to one year.

- Except as otherwise provided in an Individual Agreement, all other provisions in the SPD regarding loans apply.

In-service distributions

Except as otherwise provided in an Individual Agreement, a participant may receive a distribution of his or her benefit prior to the participant’s termination from employment with Trinity Health (i.e., Trinity Health Corporation and all of Trinity Health Corporation’s affiliated entities, whether or not they are participating Employers under this Plan) as follows:

- Age 59-1/2: All or a portion of a participant vested account balance resulting from elective deferral contributions and rollover contributions, to the extent not required to secure a loan, may be distributed to the participant after the participant attains age 59-1/2.

- Hardship: All or a portion of a participant vested account balance resulting from elective deferral contributions (excluding earnings on such contributions), to the extent not required to secure a loan, may be distributed to the participant on account of a financial hardship as described in the SPD.

- Rollover Contributions: To the extent not required to secure a loan, a participant’s account balance attributable to rollover contributions may be withdrawn by the participant at any time.
**Vendors**

The Vendors for the accounts established or maintained under the Loyola Plan that were merged into the Plan are:

Teachers Insurance and Annuity Association of America (TIAA)
Phone: 303.626.5753 or 888.842.7782
Email: TIAADistributionVerificationTeam@tiaa.org

VALIC Financial Advisors, Inc. (Group: #66426)
Phone: 800.448.2542
Fax: 877.202.0187
Email: TPAInformation@valic.com

American Century (Contract #077707001) (Loyola University Medical Center 403(b) Plan)
Phone: 816.340.4999
Fax: 888.327.1997

If a participant has elected to transfer his or her account balance from the Vendor listed above to Transamerica Retirement Solutions the contact information for the Vendor is set forth in the SPD.
Trinity Health 403(b) Retirement Savings Plan

Summary Plan Description Supplement

GOTTlieb MEMORIAL HOSPITAL 403(b) TDA PLAN

The provisions of this SPD Supplement apply only to accounts established or maintained under the Gottlieb Memorial Hospital 403(b) TDA Plan (the “Gottlieb Plan”) that were transferred to this Plan. The Gottlieb Plan was consolidated and merged with and into the Plan effective December 31, 2012.

Normal Retirement Age

Normal Retirement Age shall be the date the participant attains age 59½.

Vesting

All amounts contributed to participants’ accounts are 100% vested at all times.

Loans

Except as otherwise provided in an Individual Agreement, the provisions in the SPD regarding loans apply.

In-service distributions

Except as otherwise provided in an Individual Agreement, a participant may receive a distribution of his or her benefit prior to the participant’s termination from employment with Trinity Health (i.e., Trinity Health Corporation and all of Trinity Health Corporation’s affiliated entities, whether or not they are participating Employers under this Plan) as follows:

- Normal Retirement Age. All or a portion of a participant’s account balance, to the extent not required to secure a loan, may be distributed to the participant after the participant attains normal retirement age.

- Hardship. All or a portion of a participant’s vested account balance resulting from elective deferral contributions (excluding earnings on such contributions), to the extent not required to secure a loan, may be distributed to the participant on account of a financial hardship as described in the SPD.

- Rollover Contributions: To the extent not required to secure a loan, a participant’s account balance attributable to rollover contributions may be withdrawn by the participant at any time.

Vendor

The Vendor for the accounts established or maintained under the Gottlieb Plan that were merged into the Plan is:

Teachers Insurance and Annuity Association of America (TIAA) (Group # 359233)
Phone: 303.626.5753 or 888.842.7782
Email: TIAADistributionVerificationTeam@tiaa.org
If a participant has elected to transfer his or her account balance from the Vendor listed above to Transamerica Retirement Solutions the contact information for the Vendor is set forth in the SPD.
Trinity Health 403(b) Retirement Savings Plan

Summary Plan Description Supplement

CATHOLIC HEALTH EAST COLLEAGUE 403(b) RETIREMENT INCOME SAVINGS PLAN - SISTERS OF PROVIDENCE HEALTH SYSTEM, INC. 403(B) RETIREMENT PLAN

The provisions of this SPD Supplement apply only to accounts established or maintained under the Catholic Health East Colleague 403(b) Retirement Income Savings Plan (the “CHE 403(b) Plan”) as a result of the merger of the Sisters of Providence Health System, Inc. 403(b) Retirement Plan with and into the CHE 403(b) Plan that were merge into this Plan effective as of January 1, 2016.

**Vesting**

All amounts contributed to participants’ accounts are 100% vested at all times.

**Loans**

Except as otherwise provided in an Individual Agreement, loans are not permitted.

**In-service distributions**

Except as otherwise provided in an Individual Agreement, a participant may receive a distribution of his or her benefit prior to the participant’s termination from employment with Trinity Health (i.e., Trinity Health Corporation and all of Trinity Health Corporation’s affiliated entities, whether or not they are participating Employers under this Plan) as follows:

- **Hardship.** Elective deferral contributions (excluding earnings on such contributions), to the extent not required to secure a loan, are eligible for an in-service distribution due to financial hardship.

- **Qualified Reservist Distributions:** Elective deferral contributions (excluding earnings on such contributions), to the extent not required to secure a loan, are eligible for a qualified reservist distribution.

- **Rollover Contributions:** To the extent not required to secure a loan, a participant’s account balance attributable to rollover contributions may be withdrawn by the participant at any time.

**Vendors**

The Vendors for the accounts established or maintained under the Sisters of Providence Health System, Inc. 403(b) Retirement Plan portion of the CHE 403(b) Plan that was merged into the Plan is:

Mutual of America (Contract #007-748-C)
Phone: 860.659.3910
Fax: 860.659.3610
Email: robert.fay@MutualofAmerica.com

Lincoln Financial Group (Contract #PL 2615 and Contract #PL 1616)
Phone: 260.455.2164
Fax: 260.455.4255
Email: Michelle.Massey@lfg.com
If a participant has elected to transfer his or her account balance from a Vendor listed above to Transamerica Retirement Solutions the contact information for the Vendor is set forth in the SPD.
ST. JOSEPH’S HOSPITAL HEALTH CENTER 403(b) RETIREMENT AND SAVINGS PLAN

The provisions of this SPD Supplement apply only to accounts established or maintained under the St. Joseph’s Hospital and Health Center 403(b) Retirement and Savings Plan (“St. Joseph’s Plan”) that were transferred to this Plan. The St. Joseph’s Plan was consolidated and merged with and into the Plan effective December 31, 2016.

Vesting

All amounts contributed to participants’ accounts are 100% vested at all times.

Roth Elective Deferrals

A Roth elective deferrals sub-account was established and maintained for each participant with Roth elective deferrals transferred into the Plan from the St. Joseph’s Plan. In general, Roth elective deferrals are treated the same as elective deferrals under the Plan. However, a participant may not take a hardship withdrawal from his or her Roth elective deferrals sub-account. In addition, loans are not permitted from a participant’s Roth elective deferrals sub-account. However, a participant who has attained age 59½ may make a withdrawal from his or her Roth elective deferrals sub-account in accordance with the SPD.

In order for earnings on Roth elective deferrals to not be subject to federal income tax when distributed, the distribution must be a qualified distribution. In order for a distribution to be a “qualified distribution,” the distribution must occur after the end of the five (5)-year period beginning on the first day of the calendar year in which the participant first made Roth elective deferrals to the St. Joseph’s 403(b) Plan and ending on the last day of the calendar year that is five (5) years later and must be made on or after one of the following: (1) the participant attains age 59½, (2) the Participant’s Disability (within the meaning of Code Section 72(m)(7)), or (3) the Participant’s death.

Loans

Except as otherwise provided in an Individual Agreement, the provisions in the SPD regarding loans apply.

In-service distributions

Except as otherwise provided in an Individual Agreement, a participant may receive a distribution of his or her benefit prior to the participant’s termination from employment with Trinity Health (i.e., Trinity Health Corporation and all of Trinity Health Corporation’s affiliated entities, whether or not they are participating Employers under this Plan) as follows:

- **Age 59-1/2**: All or a portion of a participant’s vested account balance, to the extent not required to secure a loan, may be distributed to the participant after the participant attains age 59-1/2.

- **Normal retirement age (65)**: All or a portion of a participant’s account balance, to the extent not required to secure a loan, may be distributed to the participant after the participant attains normal retirement age.
• Disability: All or a portion of a participant’s account balance, to the extent not required to secure a loan, may be distributed to the participant if the participant becomes Disabled (within the meaning of Code Section 72(m)(7)).

• Rollover Contributions: To the extent not required to secure a loan, a participant’s account balance attributable to rollover contributions may be withdrawn by the participant at any time.

Vendor

The Vendor for the accounts established or maintained under the St. Joseph’s Plan that were merged into the Plan is Transamerica Retirement Solutions. The contact information for the Vendor is set forth in the SPD.
Trinity Health 403(b) Retirement Savings Plan

Summary Plan Description Supplement

ASYLUM HILL FAMILY MEDICAL CENTER, INC. TAX DEFERRED ANNUITY PLAN

The provisions of this SPD Supplement apply only to accounts established or maintained under the Asylum Hill Family Medical Center, Inc. Tax Deferred Annuity Plan (“Asylum Hill TDA Plan”) that were transferred to this Plan. The Asylum Hill TDA Plan was consolidated and merged with and into the Plan effective December 31, 2016.

Vesting

All amounts contributed to participants’ accounts are 100% vested at all times.

Loans

Except as otherwise provided in an Individual Agreement, the provisions in the SPD regarding loans apply.

In-service distributions

Except as otherwise provided in an Individual Agreement, a participant may receive a distribution of his or her benefit prior to the participant’s termination from employment with Trinity Health (i.e., Trinity Health Corporation and all of Trinity Health Corporation’s affiliated entities, whether or not they are participating Employers under this Plan) as follows:

- Normal retirement age (65): All or a portion of a participant’s account balance, to the extent not required to secure a loan, may be distributed to the participant after the participant attains normal retirement age.

- Disability: All or a portion of a participant’s account balance, to the extent not required to secure a loan, may be distributed to the participant if the participant becomes Disabled (within the meaning of Code Section 72(m)(7)).

- Rollover Contributions: To the extent not required to secure a loan, a participant’s account balance attributable to rollover contributions may be withdrawn by the participant at any time.

Vendor

The Vendor for the accounts established or maintained under the Asylum Hill TDA Plan that were merged into the Plan is:

Teachers Insurance and Annuity Association of America (TIAA) (Group # 387088)
Phone: 303.626.5753 or 888.842.7782
Email: TIAADistributionVerificationTeam@tiaa.org

If a participant has elected to transfer his or her account balance from the Vendor listed above to Transamerica Retirement Solutions the contact information for the Vendor is set forth in the SPD.
Trinity Health 403(b) Retirement Savings Plan

Summary Plan Description Supplement

ASYLUM HILL FAMILY MEDICAL CENTER, INC. DEFINED CONTRIBUTION PLAN

The provisions of this SPD Supplement apply only to accounts established or maintained under the Asylum Hill Family Medical Center, Inc. Defined Contribution Plan (“Asylum Hill DC Plan”) that were transferred to this Plan. The Asylum Hill DC Plan was consolidated and merged with and into the Plan effective December 31, 2016.

Vesting

All amounts contributed to participants’ accounts are 100% vested at all times.

Loans

Loans are not permitted.

In-service distributions

Except as otherwise provided in an Individual Agreement, a participant may receive a distribution of his or her benefit prior to the participant’s termination from employment with Trinity Health (i.e., Trinity Health Corporation and all of Trinity Health Corporation’s affiliated entities, whether or not they are participating Employers under this Plan) as follows:

- Disability: All or a portion of a participant’s account balance invested in an Annuity Contract may be distributed to the participant if the participant becomes Disabled (within the meaning of Code Section 72(m)(7)).

- Rollover Contributions: A participant’s account balance attributable to rollover contributions may be withdrawn by the participant at any time.

Vendor

The Vendor for the accounts established or maintained under the Asylum Hill DC Plan that were merged into the Plan is:

Teachers Insurance and Annuity Association of America (TIAA) (Group # 387087)
Phone: 303.626.5753 or 888.842.7782
Email: TIAADistributionVerificationTeam@tiaa.org

If a participant has elected to transfer his or her account balance from the Vendor listed above to Transamerica Retirement Solutions the contact information for the Vendor is set forth in the SPD.
Trinity Health 403(b) Retirement Savings Plan
Summary Plan Description Supplement

JMMC ACQUISITION CORP 403(b) PLAN

The provisions of this SPD Supplement apply only to accounts established or maintained under the JMMC Acquisition Corp 403(b) Plan (“Johnson Memorial Plan”) that were transferred to this Plan. The Johnson Memorial Plan was consolidated and merged with and into the Plan effective December 31, 2016.

Vesting

All amounts contributed to participants’ accounts are 100% vested at all times.

Loans

Loans are not permitted.

In-service distributions

Except as otherwise provided in an Individual Agreement, a participant may receive a distribution of his or her benefit prior to the participant’s termination from employment with Trinity Health (i.e., Trinity Health Corporation and all of Trinity Health Corporation’s affiliated entities, whether or not they are participating Employers under this Plan) as follows:

- Rollover Contributions: A participant’s account balance attributable to rollover contributions may be withdrawn by the participant at any time.

Vendor

The Vendor for the accounts established or maintained under the Johnson Memorial Plan that were merged into the Plan is Transamerica Retirement Solutions. The contact information for the Vendor is set forth in the SPD.
Trinity Health 403(b) Retirement Savings Plan
Summary Plan Description Supplement

HCHS ACQUISITION CORP 403(b) PLAN

The provisions of this SPD Supplement apply only to accounts established or maintained under the HCHS Acquisition Corp 403(b) Plan ("HCHS Plan") that were transferred to this Plan. The HCHS Plan was consolidated and merged with and into the Plan effective December 31, 2016.

Vesting

All amounts contributed to participants’ accounts are 100% vested at all times.

Loans

Loans are not permitted.

In-service distributions

Except as otherwise provided in an Individual Agreement, a participant may receive a distribution of his or her benefit prior to the participant’s termination from employment with Trinity Health (i.e., Trinity Health Corporation and all of Trinity Health Corporation’s affiliated entities, whether or not they are participating Employers under this Plan) as follows:

- Rollover Contributions: A participant’s account balance attributable to rollover contributions may be withdrawn by the participant at any time.

Vendor

The Vendor for the accounts established or maintained under the HCHS Plan that were merged into the Plan is Transamerica Retirement Solutions. The contact information for the Vendor is set forth in the SPD.
Trinity Health 403(b) Retirement Savings Plan

Summary Plan Description Supplement

TAX SHELTERED ANNUITY PLAN FOR EMPLOYEES OF SUNNYVIEW HOSPITAL AND REHABILITATION CENTER

The provisions of this SPD Supplement apply only to accounts established or maintained under the Tax Sheltered Annuity Plan for Employees of Sunnyview Hospital and Rehabilitation Center (“Sunnyview Plan”) that were transferred to this Plan.

Vesting

All amounts contributed to participants’ accounts are 100% vested at all times.

Loans

Loans are not permitted.

In-service distributions

Except as otherwise provided in an Individual Agreement, a participant may receive a distribution of his or her benefit prior to the participant’s termination from employment with Trinity Health (i.e., Trinity Health Corporation and all of Trinity Health Corporation’s affiliated entities, whether or not they are participating Employers under this Plan) as follows:

- Normal retirement age (65): All or a portion of a participant’s account balance may be distributed to the participant after the participant attains normal retirement age.

- Disability: All or a portion of a participant’s account balance may be distributed to the participant if the participant becomes Disabled (within the meaning of Code Section 72(m)(7)).

- Rollover Contributions: A participant’s account balance attributable to rollover contributions may be withdrawn by the participant at any time.

- Pre-1989 Contributions: The portion of a participant’s account balance attributable to employer contributions and elective deferral contributions made to an Annuity Contract before January 1, 1989 may be withdrawn by the participant at any time.

Vendor

The Vendor for the accounts established or maintained under the Sunnyview Plan that were merged into the Plan is Transamerica Retirement Solutions. The contact information for the Vendor is set forth in the SPD. Prior to December 1, 2018, please refer to contract numbers L7550056 00056 and L755E056 00056.