



# IBT LOCAL No. 145 HEALTH SERVICES & INSURANCE PLANS

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[www.teamsters145.org](http://www.teamsters145.org)

## UNION TRUSTEES

Dennis Novak  
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## EMPLOYER TRUSTEES

Sheila C. Nevins  
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### Summary Annual Report for IBT LOCAL 145 HEALTH SERVICES & INSURANCE FUND

This is a summary of the annual report of the IBT LOCAL 145 HEALTH SERVICES & INSURANCE FUND (Employer Identification No. 06-0711441, Plan No. 501) for the period July 1, 2018 to June 30, 2019. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

IBT Local 145 Health Services has committed itself to pay the following types of claims incurred under the terms of the plans: All HEALTH, DENTAL, VISION, ACCIDENT AND SICKNESS claims.

#### *Insurance Information*

The plan has a contract with AETNA LIFE INSURANCE COMPANY to pay the following types of claims under the terms of the plan.

#### ALL LIFE INSURANCE AND ACCIDENT DEATH AND DISMEMBERMENT

The total premiums paid for the plan year beginning July 1, 2018 and ending June 30, 2019 were \$10,534.

#### *Basic financial statement*

The value of plan assets, after subtracting liabilities of the plan, was \$13,176,420 as of June 30, 2019 compared to \$11,977,863 as of July 1, 2018. During the plan year the plan experienced an increase in its net assets of \$1,198,557. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$7,442,080 including employer contributions of \$6,734,453, employee contributions of \$35,089, realized gains of \$85,427 from the sale of assets, and earnings from investments of \$581,376. Plan expenses were \$6,243,523. These expenses included \$992,145 in administrative expenses, \$5,251,378 in benefits paid to participants and beneficiaries.

#### *Your Rights to Additional Information*

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. an accountant's report;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan).
5. loans or other obligations in default or classified as uncollectible;
6. leases in default or classified as uncollectible;
7. transactions in excess of 5 percent of the plan assets;
8. insurance information including sales commissions paid by insurance carriers; and
9. information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Plan Administrator, Renee Bossone at the following address and telephone number:

IBT LOCAL 145 HEALTH SERVICES & INSURANCE FUND  
2505 MAIN STREET, STE 233  
STRATFORD, CT 06615  
06-0711441 (Employer Identification Number)  
203-913-8164

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

IBT LOCAL 145 HEALTH SERVICES & INSURANCE FUND  
2505 MAIN STREET, STE 233  
STRATFORD, CT 06615

and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 06/30/2022)