

Central Pennsylvania Teamsters Health and Welfare Fund

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CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND

SUMMARY ANNUAL REPORT FOR PERIOD JANUARY 1, 2016 TO DECEMBER 31, 2016

TO: ALL PLAN PARTICIPANTS

FROM: THE TRUSTEES

DATE: SEPTEMBER 28, 2017

This is a summary of the annual report for the Central Pennsylvania Teamsters Health and Welfare Fund, Employer Identification Number 23-6263170, Plan No.501, for the period January 1, 2016 to December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration as required under the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

INSURANCE INFORMATION

The Fund has contracts with Sun Life Assurance Company of Canada and The Hartford to provide certain Death and Accidental Death and Dismemberment benefits. The premiums paid under the contracts for the year ended December 31, 2016 were \$410,617.

SELF ADMINISTERED INFORMATION

The Fund pays certain medical, prescription, disability, vision, dental, hearing, mental, drug, alcohol, physical therapy, transplant, and childhood immunization claims incurred under the terms of the plan. The Fund self pays these benefits, which totaled \$101,694,109 during the year ended December 31, 2016.

BASIC FINANCIAL STATEMENT

Benefits under the plan are provided by a trust (benefits are provided in whole from trust funds). Plan expenses were \$110,632,112. These expenses included \$6,125,973 in administrative expenses and \$104,506,139 in benefits paid to participants and beneficiaries.

The value of plan assets, after subtracting liabilities of the plan, was \$88,475,777 as of December 31, 2016 compared to \$86,900,321 as of January 1, 2016. During the plan year, the plan experienced an increase in its net assets of \$1,575,456. This increase includes unrealized appreciation or 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 plan's assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$112,207,568 including employer contributions of \$100,350,725, employee contributions of \$5,357,106, realized losses of \$(421,093) from the sale of assets, earnings from investments of \$5,964,558 and other income of \$956,272.

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. transactions in excess of 5% of plan assets; and
5. insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report or any part thereof, write or call the office of Board of Trustees, Central Pennsylvania Teamsters Health and Welfare Fund, 1055 Spring Street, Wyomissing, Pennsylvania 19610, (610) 320-5500. The charge to cover copying costs will be \$.24 per page.

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 the 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, (Board of Trustees, Central Pennsylvania Teamsters Health and Welfare Fund, 1055 Spring Street, Wyomissing, Pennsylvania, 19610) 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, DC 20210.