



Central Pennsylvania Teamsters GUARDIAN



November 2007

Health and Welfare/Pension Guardian Newsletter

Reading, PA

PHC4 Hospital Outcomes Reports Now Linked to Central PA Teamsters Website

The latest addition to the Central Pennsylvania Teamsters website is a link to the Pennsylvania Health Care Cost Containment Council, or PHC4. PHC4 is an independent state agency responsible for addressing the problem of escalating health costs, ensuring the quality of healthcare, and increasing access for all citizens regardless of the ability to pay. On the PHC4 site, you can access reports which rank Pennsylvania hospitals and other providers based on procedure outcomes.

Outcomes information includes mortality analysis, length of stay, readmissions and charges.

To access the PHC4 site, click on "Health and Welfare" on the Central PA Teamsters website, and then select "PHC4 Hospital Outcomes Report." ●

What is the Value of Your Benefits?

Employee benefits are a valuable part of your overall compensation package. Your employer pays for your benefits; however, some employers require that employees contribute toward the cost of their benefits in the form of negotiated co-payments. Premiums for a typical employee's health and welfare and pension benefits often equal an additional 1/3 or more of their pay, according to some employee benefits studies.



The monthly health and welfare premium for family coverage for Medical, Dental, Vision, Prescription, Death/AD&D, Disability and Retiree Health Benefits under Plan 13 is over \$1,200 per member per month. This figure does not include contributions to your pension plan, nor is it part of your union dues.

The Fund works hard to keep premium increases low. The Health & Welfare Fund's average rate increase in 2006 for Plans 13 and 14 was 5.3%, compared to the national average of 7.7%*. The Fund's 2007 average rate increase was 2.7%. At the same time, the Fund was able to make improvements this year to Death/AD&D, Dental, Immunization and Chiropractic benefits. It is not unheard of for other benefits providers to assess employers with rate increases of 10%, 20% or even 30% in a given year. ●

**Source: Kaiser Family Foundation Employer Health Benefits 2006 Summary of Findings*

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Time is Running Out: Take the Health Risk Assessment!

Take the HRA and be entered in a drawing to win a \$50 VISA gift card!

Members who take the Health Risk Assessment **before December 31, 2007** will be eligible to win one of eight \$50 VISA gift cards, compliments of HealthAssurance.

Don't delay...take the HRA today! It only takes about 15 minutes! Log on to **www.centralpateamsters.com**. Click on "Wellness Links" and "Central PA Teamsters Wellness Program." The Wellness Program page contains the Health Risk Assessment link.

MEDICARE ALPHABET SOUP – Part A, Part B, Part C and Part D



ARE YOU ELIGIBLE FOR MEDICARE PART B (doctor services, outpatient care, preventive services)? If so, you **must** elect Part B benefits when you are first eligible, even if you may defer your election of Part D benefits because you have prescription drug coverage from the Fund.

Part A: What's covered under Part A?

Hospital Stays, Skilled Nursing Facility and Care, Hospice Care and Home Health Services. **When are you eligible for Part A?** If you get benefits from Social Security or the Railroad Retirement Board (RRB), you will automatically get Part A starting the first day of the month you turn age 65. If you are under age 65 and disabled, you will automatically get Part A after you get disability benefits from Social Security or RRB for 24 months. (This is only a summary of the eligibility rules. Additional eligibility rules may apply to your situation.)

Part B: What's covered under Part B?

Doctors' Services, Outpatient Care, and certain Preventative Services. **When are you eligible for Part B?** You may sign up for Part B coverage to be effective on the first day of the month in which you turn 65. If you are under age 65 and disabled, you will automatically get Part B after you get disability benefits from Social Security or RRB for 24 months. (This is only a summary of the eligibility rules. Additional eligibility rules may apply to your situation.) But, you must pay for Part B coverage. The cost of Part B coverage for 2008 for most people is \$96.40 per month.

IMPORTANT NOTE:
Under the Fund's retiree coverage, you must elect Part B coverage when you are first eligible for it. If you do not, the Fund will only pay benefits as if you had elected Medicare Part B (that is, about 20% of your bills). In addition, you will have to pay a higher premium for Medicare Part B coverage, if you elect it after your initial eligibility date.

Part C: Medicare Advantage Plans.

What are Part C Plans? Medicare Advantage

Plans are health plan options (like HMOs and PPOs) approved by Medicare and run by private companies. These plans are part of the Medicare Program and are sometimes called "Part C" or "MA plans." Medicare pays an amount for your care every month to these private health plans. Medicare Advantage Plans must follow rules set by Medicare. Medicare Advantage Plans aren't supplemental insurance. **When are you eligible for Part C?** See the rules for Part B, above.

Part D: What is covered under Part D?

Prescription Drugs (note that the types of drugs covered, the co-payments and deductibles vary by Medicare Part D plan). **When are you eligible for Part D?** Everyone with Medicare is eligible for Part D coverage. To get Medicare drug coverage, you must join a Medicare drug plan. Medicare drug plans are run by insurance companies and other private companies approved by Medicare. **However, the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out at least as much as standard Medicare prescription drug coverage pays. You may keep your prescription drug coverage from the Fund without having to pay a higher Medicare Part D premium later.**

June 30, 2007 Retirement Income Plan (RIP) Returns

The following are approximate net returns for the Central PA Teamsters RIP 1987 and RIP 2000 retirement plans for the 6 month period ending June 30, 2007. The net returns equal gross investment returns less investment and administrative expenses plus the reallocation of forfeited account balances from terminated non-vested participants who incurred a 5-year break in service.

<u>Plan</u>	<u>Approximate Net Return</u>
RIP 1987	7.6%
RIP 2000	6.5%

For more information and updates on investment returns, visit the Central Pennsylvania Teamsters website, www.centralpateamsters.com. Click on Pension/Reports and Notices.

Central Pennsylvania Teamsters Health and Welfare Fund Prescription Drug Benefits

PRESCRIPTION PLAN BENEFITS UNDER PLANS 13, R4 AND R5

If you are covered under Plan 13, R4 or R5 your prescription information is listed below.

Negative Formulary List*

Aciphex	Celebrex	Effexor	Paxil	Relenza	Vioxx
Advicor	Celexa	Lamisil	Pepcid***	Rozerem	Vytorin
Allegra	Clarinet	Lexapro	Pravachol	Sarafem	Zantac***
Altprev	Crestor	Lipitor	Prevacid	Sonata**	Zegerid
Ambien**	Cymbalta	Lunesta**	Prilosec***	Sporanox	Zetia
Axid	Daypro	Mevacor	Protonix	Tagamet	Zocor
Bextra	Diflucan	Nexium	Prozac	Tamiflu	Zoloft
				Trepadone	Zyrtec

AND ALL INJECTABLES (EXCLUDING INSULIN AND IMITREX)

*Please note that this listing is subject to change. Participants will receive notification (via newsletter, mailings, etc.) of additions and/or deletions.

By law, controlled substances cannot be mail ordered. *Over the counter dosages are not covered.

MAIL ORDER COPAYMENTS

\$15 Generic for up to a 90 day supply

\$30 Brand for up to a 90 day supply

\$60 Negative Formulary for up to a 90 day supply

RETAIL PHARMACY COPAYMENTS

\$5 Generic for up to a 34 day supply

\$15 Brand for up to a 34 day supply

\$30 Negative Formulary for up to a 34 day supply

PRESCRIPTION PLAN BENEFITS UNDER PLANS 14 AND 16

If you are covered under Plan 14 or 16 your prescription information is listed below.

PLAN 14 and 16 – Option Levels A, B & C

Negative Formulary List*

Aciphex	Celebrex	Effexor	Paxil	Relenza	Vioxx
Advicor	Celexa	Lamisil	Pepcid***	Rozerem	Vytorin
Allegra	Clarinet	Lexapro	Pravachol	Sarafem	Zantac***
Altprev	Crestor	Lipitor	Prevacid	Sonata**	Zegerid
Ambien**	Cymbalta	Lunesta**	Prilosec***	Sporanox	Zetia
Axid	Daypro	Mevacor	Protonix	Tagamet	Zocor
Bextra	Diflucan	Nexium	Prozac	Tamiflu	Zoloft
				Trepadone	Zyrtec

AND ALL INJECTABLES (EXCLUDING INSULIN AND IMITREX)

*Please note that this listing is subject to change. Participants will receive notification (via newsletter, mailings, etc.) of additions and/or deletions.

By law, controlled substances cannot be mail ordered. *Over the counter dosages are not covered.

MAIL ORDER COPAYMENTS

	<u>Option A</u>	<u>Option B</u>	<u>Option C</u>
Generic for up to a 90 day supply	\$15.00	\$30.00	\$30.00
Brand for up to a 90 day supply	\$30.00	\$40.00	\$60.00
Negative Formulary up to a 90 day supply	\$60.00	\$80.00	\$100.00

RETAIL PHARMACY COPAYMENTS

	<u>Option A</u>	<u>Option B</u>	<u>Option C</u>
Generic for up to a 34 day supply	\$5.00	\$10.00	\$10.00
Brand for up to a 34 day supply	\$15.00	\$20.00	\$30.00
Negative Formulary up to a 34 day supply	\$30.00	\$40.00	\$50.00

CREDITABLE COVERAGE NOTIFICATION

To Participants Covered Under Plans 13, 14 and 16

* * * * * Important Notice * * * * *

CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Central Pennsylvania Teamsters Health & Welfare Fund ("Fund"). This information can help you decide whether you need to take action regarding joining a Medicare drug plan (also known as Medicare Part D).

If you were covered for prescription drug benefits from the Fund last year, the Fund sent you a similar notice to this one. The Fund is required to send you this notice each year so that you can make informed decisions about Medicare Part D Coverage. You may also receive this notice at other times, for example, when you first become eligible for Medicare and if the Fund's prescription benefits change. You may also request a copy.

NOTE: You are only eligible to elect Medicare prescription benefits if you are eligible to elect Medicare. Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiaries leaving the Fund's coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan at other times of the year.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. If you lose the Fund's coverage and you are eligible for Medicare coverage, you can get Medicare coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium. This coverage is separate from the coverage you have from the Fund.

The Fund, using the standards established by the federal government, has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out at least as much as standard Medicare prescription drug coverage pays. **The Fund's prescription drug coverage is considered Creditable Coverage.** Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a

penalty of a higher Medicare Part D premium if you later decide to timely enroll in Medicare prescription drug coverage.

An individual who elects to terminate Fund coverage and elects a Medicare Part D plan can enroll in a Medicare prescription drug plan when he or she first becomes eligible for Medicare as well as each year from November 15th through December 31st provided he or she remains eligible for Medicare. Beneficiaries leaving the Fund's coverage on dates other than between November 15th and December 31st may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

If you are considering electing Medicare Part D coverage, you should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. **Keep in mind that this Fund may provide you with medical, dental, vision, and other benefits that are described on the next page. If you enroll in a Medicare prescription drug plan and lose your coverage from the Fund, you and your eligible dependents may also lose those other benefits in addition to your prescription coverage.**

If you elect both Fund coverage and Medicare coverage and you have Fund coverage on account of your own active employment or on account of the active employment of your spouse or parent, the Fund will be the primary payor of benefits and Medicare will be the secondary payor of benefits. You will want to take a careful look at the Fund's coverage (including both the Fund's benefits and any payments you may make toward that coverage) when making your decision about whether to purchase a Medicare Part D plan.

The Fund offers the following prescription benefits:

PLAN 13 PRESCRIPTION COVERAGE:

Mail Order Copayments

- \$15 Generic for up to a 90 day supply
- \$30 Brand for up to a 90 day supply
- \$60 Negative Formulary for up to a 90 day supply

Retail Pharmacy Copayments

- \$5 Generic for up to a 34 day supply
- \$15 Brand for up to a 34 day supply
- \$30 Negative Formulary for up to a 34 day supply

PLAN 14 & PLAN 16 PRESCRIPTION COVERAGE:

Mail Order Copayments	Option A	Option B	Option C
Generic for up to a 90 day supply	\$15.00	\$30.00	\$30.00
Brand for up to a 90 day supply	\$30.00	\$40.00	\$60.00
Negative Formulary for up to a 90 day supply	\$60.00	\$80.00	\$100.00
Retail Pharmacy Copayments	Option A	Option B	Option C
Generic for up to a 34 day supply	\$5.00	\$10.00	\$10.00
Brand for up to a 34 day supply	\$15.00	\$20.00	\$30.00
Negative Formulary for up to a 34 day supply	\$30.00	\$40.00	\$50.00

This Fund also offers medical benefits:

Plan 13 offers physician office visits, hospital benefits, inpatient benefits, physical therapy benefits, surgical benefits, prescription benefits, outpatient diagnostic benefits, dental/orthodontic benefits, hearing/vision benefits, and mental illness/substance abuse benefits, as well as death and accidental death and dismemberment benefits and short-term disability benefits.

Plans 14 and 16 provide the following core benefits: hospital benefits, inpatient benefits, physical therapy benefits, surgical benefits, outpatient diagnostic benefits, transplant benefits, immunization and injection benefits and major medical benefits. Plans 14 and 16 also offer the following benefits on an optional basis, to be selected in collective bargaining and reflected in the contract with the employer: death and accidental death and dismemberment benefits, dental/orthodontic benefits, hearing/vision benefits, prescription benefits, mental illness/substance abuse benefits, physician office visits and short-term disability benefits.

As we noted above, you can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. If you don't join when you are first eligible, and don't have creditable prescription coverage, you may have to wait to join a Medicare drug plan and you may pay a higher premium if you join later. You may pay that higher premium for as long as you have Medicare prescription drug coverage if you join later. Be aware that if you lose your coverage with the Fund and don't enroll in Medicare prescription drug coverage after your current coverage ends, you risk paying a higher premium to enroll in Medicare prescription drug coverage later. If there is a break in coverage of 63 days or longer of prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare

prescription drug coverage. In addition, you may have to wait until the following November to enroll.

However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) to join a Part D plan. In addition, if you lose or decide to leave the Fund's coverage, you may be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period.

For more information about this notice or your current prescription drug coverage...

Contact the Fund's Prescription office at **Toll Free In PA 1-800-422-8330** or **Toll Free in USA 1-800-331-0420**.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit **www.medicare.gov**
- Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at **www.socialsecurity.gov**, or you can call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Remember:

Keep this notice. If you enroll in one of the new plans approved by Medicare which offers prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: November 12, 2007

Name of Entity/Sender: Central Pennsylvania Teamsters Health & Welfare Fund

Contact-Position/Office: Prescription Department

Address: 1055 Spring Street, Wyomissing, PA 19610

Phone Number: Toll Free in PA 1-800-422-8330

Toll Free In USA 1-800-331-0420 ●

CREDITABLE COVERAGE NOTIFICATION

To Retired Participants Covered Under Plans R4 and R5

* * * * * Important Notice * * * * *

CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Central Pennsylvania Teamsters Health & Welfare Fund ("Fund"). This information can help you decide whether you need to take action regarding joining a Medicare drug plan (also known as Medicare Part D).

If you were covered for prescription drug benefits from the Fund last year, the Fund sent you a similar notice to this one. The Fund is required to send you this notice each year so that you can make informed decisions about Medicare Part D Coverage. You may also receive this notice at other times, for example, when you first become eligible for Medicare and if the Fund's prescription benefits change. You may also request a copy.

NOTE: You are only eligible to elect Medicare prescription benefits if you are eligible to elect Medicare. Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiaries leaving the Fund's coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan at other times of the year.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. If eligible, you can get Medicare drug coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium. This coverage is separate from the coverage you have from the Fund.

The Fund, using the standards established by the federal government, has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out at least as much as standard Medicare prescription drug coverage pays. **The Fund's prescription drug coverage is considered Creditable Coverage.** Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a penalty of a higher Medicare Part D premium if you

later decide to timely enroll in Medicare prescription drug coverage.

An individual who elects to terminate Fund coverage and elects a Medicare Part D plan can enroll in a Medicare prescription drug plan when he or she first becomes eligible for Medicare as well as each year from November 15th through December 31st provided he or she remains eligible for Medicare. Beneficiaries leaving the Fund's coverage on dates other than between November 15th and December 31st may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

If you are considering electing Medicare Part D coverage, you should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. **Keep in mind that this Fund provides you with medical benefits that are described on the next page. If you enroll in a Medicare prescription drug plan and drop your coverage from the Fund, you and your eligible dependents will lose those other benefits in addition to your prescription coverage and will not be permitted to re-enroll under the Fund's coverage.**

The Fund offers the following prescription benefits:

Mail Order Copayments

\$15 Generic for up to a 90 day supply
\$30 Brand for up to a 90 day supply
\$60 Negative Formulary for up to a 90 day supply

Retail Pharmacy Copayments

\$5 Generic for up to a 34 day supply
\$15 Brand for up to a 34 day supply
\$30 Negative Formulary for up to a 34 day supply

This Fund also offers medical benefits:

Retiree Plans R-4 and R-5 provide benefits for hospitalization, physician office visits, physical therapy, surgical procedures, immunizations, outpatient diagnostics, major medical and certain other limited benefits. In addition to the benefits listed above, Plan R-4 provides death benefits, mental health and substance abuse treatment benefits.

As we noted above, you can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through

December 31st. If you don't join when you are first eligible, and don't have creditable prescription coverage, you may have to wait to join a Medicare drug plan and you may pay a higher premium if you join later. You may pay that higher premium for as long as you have Medicare prescription drug coverage if you join later. Be aware that if you drop or lose your coverage with the Fund and don't enroll in Medicare prescription drug coverage after your current coverage ends, you risk paying a higher premium to enroll in Medicare prescription drug coverage later. If there is a break in coverage of 63 days or longer of prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

However, if you lose creditable prescription drug coverage, through no fault of your own you will be eligible for a sixty (60) day Special Enrollment Period (SEP) to join a Part D plan. In addition, if you lose or decide to leave the Fund's coverage, you may be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period.

For more information about this notice or your current prescription drug coverage...

Contact the Fund's Prescription office at **Toll Free In PA 1-800-422-8330** or **Toll Free in USA 1-800-331-0420**.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans

that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit **www.medicare.gov**
- Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at **www.socialsecurity.gov**, or you can call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Remember:

Keep this notice. If you enroll in one of the new plans approved by Medicare which offers prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: November 12, 2007

Name of Entity/Sender: Central Pennsylvania Teamsters Health & Welfare Fund

Contact-Position/Office: Prescription Department

Address: 1055 Spring Street, Wyomissing, PA 19610

Phone Number: Toll Free in PA 1-800-422-8330

Toll Free In USA 1-800-331-0420 ●

The Central PA Teamsters Health & Welfare Fund Covers Certain Smoking Cessation Prescription Medication

Charges for certain prescription smoking cessation treatments are covered under the Central PA Teamsters Health & Welfare Fund's prescription plan through General Prescription Programs (GPP) if you have prescription benefits coverage. The Plan will cover one 6-month supply of the prescription per member per lifetime. Some brands of smoking cessation medication also provide access to support programs as part of the cost of the prescription medication.

Ask your doctor if you are a candidate for

smoking cessation prescription medication and ask about any support programs which may be offered when purchasing the medication.

Please keep in mind that since there is a 6-month limit placed on smoking cessation prescriptions, the pharmacist **MUST** call GPP at **1-800-314-2234** to receive authorization. This is the number located on the reverse side of your General Prescriptions Programs identification card.

Contact the Fund office for the specific co-pay amounts on these medications.

Living Well

The following articles are for informational purposes only. Be sure to consult with your physician for complete medical information and diagnoses.



Seasonal Influenza

Each year, between 5% and 20% of Americans get the flu. More than 200,000 people are hospitalized and 36,000 people die from the flu each year in the United States. Complications from the flu include bacterial pneumonia, ear infections, sinus infections, dehydration and worsening of chronic medical conditions such as congestive heart failure, asthma or diabetes.

Seasonal influenza, also known as “the flu,” is an illness caused by viruses. Flu viruses invade the respiratory tract – the nose, throat and lungs – and usually spread from one person to another by coughing or sneezing. Common flu symptoms include fever (usually high), headache, tiredness (can be extreme), dry cough, sore throat, runny or stuffy nose and body aches. Flu symptoms often appear abruptly and usually go away in three to seven days.

Seasonal flu activity begins to increase as early as October. Flu activity is usually highest in January or later and can last as late as May.

There are two types of flu vaccines: the “flu shot” and a nasal spray. The **flu shot**, or influenza virus vaccine, is an inactivated vaccine, which means it contains killed flu viruses. The flu shot can be given to people six months of age and older, including people with chronic medical conditions. Nasal spray vaccines are made with live, weakened flu viruses. The nasal spray vaccine can be used in healthy people 5 years to 49 years of age.



Antiviral medications can be used to prevent and treat the flu but are not substitutes for a yearly flu vaccine. When started within two days of getting the flu, antiviral medications can reduce flu symptoms

and shorten the time a person is sick by one or two days. They may also decrease the chance that a person with the flu will pass it to someone else.

Flu shots are covered under the Central PA Teamsters Health & Welfare Fund. Nasal spray vaccines are **not** covered under the Central PA Teamsters health or prescription plans. The antiviral medications Tamiflu (suspension or gel-cap) and Relenza (inhaler) are covered under the Central PA Teamsters prescription plan (pharmacy only, not mail order).

The most effective way to prevent the flu is to get a flu vaccine each year. October or November is the best time to get the flu vaccine, but vaccination in December or even later can still be helpful.

Short Bouts of Exercise Pay Off

When it comes to exercise, a little may go a long way. A new study finds that even low amounts of weekly physical activity can reduce blood pressure and improve overall fitness in adults, a new study finds. The 12-week study, published in the current issue of the *Journal of Epidemiology and Community Health* included 106 healthy, but sedentary, people ages 40 to 60. Researchers at Queen’s University in Belfast, Ireland had 44 of the participants do 30 minutes of brisk walking five days a week, while others did 30 minutes of brisk walking three days a week. The rest of the participants maintained their normal lifestyle. By the end of the study, there was a significant reduction in systolic blood pressure and waist and hip girth in both groups of walkers, along with an increase in overall fitness. The non-walkers had no changes in any of these areas. The authors noted that even slimming a few centimeters off hip and waist circumference and gaining a slight reduction in blood pressure is enough to reduce the risk of dying from cardiovascular disease. Currently, it’s recommended that adults get at least 30 minutes of moderately strenuous exercise at least five days a week. But many people find it difficult to meet that goal. This study shows that people can still gain health benefits even if they can only manage three sessions of moderate intensity exercise a week, the authors said.

—Source: GPP Newsletter, August 2007 ●

Prescription Drug Benefits Q&A

Question: I have prescription coverage under the Central Pennsylvania Teamsters Health and Welfare Plan. My spouse has prescription coverage under her employer's health plan. Can my spouse and I choose which prescription program to use when filling a prescription or must we use our respective employer's plan first?

Answer: Unlike Central PA Teamsters medical plan or dental coverage, there is no Co-ordination of Benefits provision for prescription coverage. You and your spouse may choose which prescription program to use when filling your prescription. You may want to check with your pharmacist to compare coverages.

Question: I take a maintenance drug which is covered by the Central PA Teamsters prescription plan. I am interested in receiving my prescription through the mail order program. How does the program work?

Answer: You must first obtain a new prescription from your physician for up to a 90-day supply for your prescription. Remember that controlled substances cannot be mail ordered. After you receive your prescription:

- Contact the Fund Office to request a prescription order form. When completing the form, be sure to use Central PA Teamsters as the group name. The group number is on your prescription card.

- Enclose a check or money order for the co-pay amount, payable to Pharmaceutical Prescription Service, Inc. Payment may also be made by credit card. If you are unsure of your co-pay amount, check the Central PA Teamsters website under Health and Welfare-Prescription Plan. If you are confused as to whether your drug is generic or brand, call GPP at **1-800-314-2234** for assistance.
- Mail the form, along with your form of payment and your prescription in the postage-paid, self-addressed envelope attached to the bottom of the order form.
- When you receive your prescription, be sure to look in the shipping box for an order form for your next prescription. Do not forget to detach the refill slip in the bottom left hand corner of the prescription drug information letter. When sending in for your refill and paying by check or money order, it is only necessary to put the refill slip in the postage-paid, self-addressed envelope with your payment. If you are using your credit card, it is not necessary to return your refill slip. You may call GPP at **1-800-314-2234** and give them the prescription number from your refill slip.
- If you have any questions, please contact the Fund Office at **1-610-320-5500**; **1-800-422-8330** (TOLL-FREE in PA) or **1-800-331-0420** (TOLL-FREE in USA).

Motor Vehicle Accidents

There is a misconception with regard to the coverage provided by the Fund when the claim is the result of an injury due to a motor vehicle accident. In accordance with Plan provisions, the Fund will **only** cover medical expenses on a subrogated basis once the maximum liability has been paid by the motor vehicle insurance carrier. The Fund will **not** provide coverage for short-term disability benefits (except for the first 5 days of missed work). The only time the Fund will pay more than 5 days of short-term disability is when written proof is submitted verifying that the state in which you reside does not allow you to purchase wage loss protection from your motor vehicle insurance carrier. Check with your motor vehicle insurance carrier to ensure that your policy carries at least the minimum coverage required

by the state in which you reside. In addition, the Fund Office recommends that you contact your motor vehicle insurance carrier to evaluate the extent to which you are covered for wage loss benefits as a result of a motor vehicle accident.

Do not wait until you have an accident to find out you have no wage loss coverage under your policy. Payment for the first 5 days of short-term disability benefits **does not** apply to motorcycle accidents. There are **no** short-term disability benefits payable for injuries sustained as a result of a motorcycle accident.

You should contact your motor vehicle insurance carrier to evaluate the extent to which you are covered for wage loss benefits as a result of a motor vehicle accident.

Suspension of Benefits Notice

The Pension Fund's Suspension of Benefit Rules generally provide that your monthly pension benefit will be suspended (i.e. stopped) if you are reemployed after retirement in a similar type job (or supervising a similar type job) that you had prior to retirement. However, there are exceptions to this rule.

Your monthly pension benefits will not be suspended for any month in which you are paid for less than 56 hours, regardless of whether the pay is for working or non-working hours. In determining whether you are paid for 56 or more hours, the Fund doesn't count pay you receive for vacation, sick time, holidays, disability or severance.

Additionally, your benefits will **not** be suspended unless all three of the following apply to your new job:

- The job is in an industry or business in which employees covered by the Pension Fund are employed, and
- The job is in the trade or craft in which you worked as a Teamster. (Note: this "trade or craft requirement" for suspension will generally be met if your present job requires you to use the skills that you used as a Teamster), and
- The job is in the same geographic area covered by the Pension Fund.

Furthermore, the Pension Fund will not suspend pen-

sion checks to any person who is age 70½ or older.

NOTE: Effective June, 2003, the Fund will not suspend the benefits of individuals who have attained age 67, have participated only in the Fund's Defined Benefit Plan, and whose total monthly benefit does not exceed \$150. However, this rule only applies to individuals who work for a contributing employer in a position for which contributions to the Fund are not required.

NOTE: Effective June, 2004, the Fund will not suspend the portion of a Retired Employee's benefits that were earned prior to January 1, 1987 unless the Retired Employee is working for an employer for whom he worked prior to January 1, 1987 or for an employer that is a successor to such employer or an affiliate of such an employer.

If you do not understand anything stated in this article or if you have any questions about whether or not your acceptance of a new job would cause your benefits to be suspended, you should contact the Pension Fund for guidance. It is each participant's responsibility to advise the Pension Fund if he or she returns to work after retiring.

Prior to your retirement (cessation of work for a contributing employer and application for Retirement Benefits), your benefits will not be paid unless you have attained age 70½. ●

Attention: Participants in the Central PA Teamsters Pension Fund: Are You Planning to Retire?

Please contact the Pension Department at least 90 days prior to your intended retirement date to begin the pension application process. If you had time in another Teamsters Pension Fund and are requesting a reciprocal pension, please contact the Fund approximately 6 months prior to your intended retirement date.

The Fund Office will send you a Request for Pension Application, as well as a Beneficiary Form and a Declaration of Retirement Form. You will be asked to complete and return the request, along with copies of your (and your spouse's if you are married) birth certificates or alternative documentation if not possible to obtain. Married participants must provide a copy of your marriage certificate. If you are divorced from the spouse who is listed on your beneficiary information on file at the Fund Office, you will need to provide a divorce decree.

The Pension Fund may request a statement from your employer indicating your last day of work. The Fund considers your last day of work to be your last physical day of work and does not include vacation time.

It is recommended that you obtain the required documents in advance of your pension application process so that the Fund can process your retirement application in a timely manner.

After you have completed and returned the necessary information requested by the Fund Office on your retirement application, the Fund Office will provide your benefit amounts and options to you.

If you plan to roll over all or a portion of your lump sum benefit, you will be required to supply the Pension Fund Office with a direct rollover acceptance form or a letter of acceptance from the

(Continued on page 11)

Attention: Participants in the Central PA Teamsters Pension Fund: Are You Planning to Retire?

(Continued from page 10)

financial institution sponsoring the IRA account you have established. If you want to roll over the money into the qualified retirement plan of your

new employer, you need a letter from the plan's administrator stating that the new plan is a qualified retirement plan and agreeing to accept your rollover. In both cases, the form or letter must be signed by an authorized representative of their company. The Pension Fund must be supplied with the original documentation.

RETIREES APPROVED FOR PENSIONS

For the month of August, 2007

Name	Local	Employer
ANCHERANI, LINDA	229	TOPPS CHEWING GUM, INC.
BALSAVAGE, KATHLEEN	429	BOYERTOWN AUTO BODY WORKS, INC.
BLAKE, JAMES J.	429	LENTZ MILLING COMPANY
BOETTCHER, MICHAEL	771	ROADWAY EXPRESS, INC.
BROWN, ROBERT L.	771	MILLER & HARTMAN, INC.
CARR, MARK A.	429	PRESTON TRUCKING CO., INC.
COLEMAN, THOMAS	229	LYONS TRANSPORTATION LINES
DANIELE, CARLA J.	401	BOYD H. KLINE ASSOCIATES, INC.
DAVIS, GREGORY L.	429	LENTZ MILLING COMPANY
DEGEORGE, JR., ANTHONY R.	771	YELLOW FREIGHT SYSTEM, INC.
DIXON, HAROLD J.	229	DAIRYLEA COOPERATIVE, INC.
DOUGHERTY, ROBERT J.	229	UNITED PARCEL SERVICE, INC.
DUNKELBERGER, WILLIAM O.	771	YELLOW FREIGHT SYSTEM, INC.
DWYER, JAMES J.	999	COMMERCIAL CARRIERS, INC.
ELLIOTT, JEREMIAH	776	PERK FOODS C/O HEINZ PET
FLAMISCH, DENNIS D.	773	MATLACK, INC.
FLOWERS, SR., DAVID C.	771	YELLOW FREIGHT SYSTEM, INC.
FULLER, ANDREW J.	229	KEYSTONE COCA-COLA BTLG. CO., INC.
FULMER, EDWARD W.	773	ATLANTIC TRANSPORT CO.
FUNK, GERALD L.	764	INTERSTATE MTR. FREIGHT SYS., INC.
GIBBS, DOUGLAS W.	776	ST. JOHNSBURY TRUCKING CO., INC.
GLASS, CALVIN L.	776	CONSOLIDATED FREIGHTWAYS
GUTSHALL, JEROME M.	776	CONSOLIDATED FREIGHTWAYS
HAUCK, MICHAEL T.	771	HAUCK & SONS, INC.
HEINAMAN, GERALD L.	771	YELLOW FREIGHT SYSTEM, INC.
HENNINGER, DAVID C.	401	USF HOLLAND, INC.
HOLZSCHUH, DENNIS G.	229	CONSOLIDATED FREIGHTWAYS
HOPKINS, DONALD J.	229	C&S WHOLESALE GROCERS
HUGHES, ROBERT L.	429	RACHLIN FURNITURE, INC.
HYNOSKY, JOSEPH K.	229	SCRANTON SEWER AUTHORITY
JONES, RICHARD A.	401	ACME MARKETS, INC.
KARALUNAS, MARIANNE	401	KEYSTONE COCA-COLA BOTTLING CO.
KINSEY, DOUGLAS W.	771	YELLOW FREIGHT SYSTEM, INC.
KIRBY, JACQUELYN	776	ARKANSAS BEST FREIGHT SYS., INC.
KLINGER, STEPHEN L.	764	MANDATA POULTRY COMPANY
KLUNK, JR., RAYMOND G.	776	ST. JOHNSBURY TRUCKING CO., INC.
KOENIG, ROBERT J.	771	YELLOW FREIGHT SYSTEM, INC.
KOHUT, STEPHEN J.	229	TOPPS CHEWING GUM, INC.
KUCHAR, JR., JULIUS	229	ROADWAY EXPRESS, INC.
KUHENBEAKER, WILLIAM C.	776	CONSOLIDATED FREIGHTWAYS
MAUGER, ROBERT E.	771	HERMAN R. EWELL, INC.
MILLER, NANCY L.	429	BOYERTOWN AUTO BODY WORKS, INC.
MONEK, JEFFREY R.	229	ROADWAY EXPRESS, INC.
MOONEY, DIANE	229	C&S WHOLESALE GROCERS
MOYER, ANNA M.	429	ARCO AUTO CARRIERS, INC.
NEGRON, PETER J.	773	EXIDE CORP. DISTRIBUTION CENTER
PIFCHO, RICHARD	229	DIMARE FRESH, INC.
PRITCHARD, HAROLD L.	773	SCHWERMANN TRUCKING CO.
RENN, FOSTER U.	429	LEHIGH VALLEY DAIRIES, INC.
RIVERS, WILLIAM D.	776	ROADWAY EXPRESS, INC.
SHULER, HAROLD R.	776	FLEMING COMPANIES, INC.
SMALL, SR., WAYNE A.	776	KEYSTONE DISTRIBUTION CTR., INC.
SOLIWODA, THOMAS E.	429	STROEHMANN BAKERIES, L. C.
SPRINGFIELD, KENNETH E.	776	ARKANSAS BEST FREIGHT SYS., INC.
STAUFFER, JESSE W.	771	A-P-A TRANSPORT CORPORATION
STAPP, RUSSELL A.	776	TEAMSTERS LOCAL UNION 776
STOYER, TONI A.	429	SCHROCK CABINET COMPANY
STRICKLER, DONALD C.	776	FLEMING COMPANIES, INC.
TELESZ, DARLENE	229	TOPPS CHEWING GUM, INC.
THOMAS, JOHNNY	429	COTT BEVERAGES WYOMISSING, INC.
TRESSLER, RICHARD L.	771	KENOSHA AUTO TRANSPORT CORP.
WHITMER, MARSHA J.	776	YORK COUNTY TRANSP. AUTHORITY
WILHIDE, GARY L.	776	ANCHOR MOTOR FREIGHT, INC.
WILLIAMS, BENJAMIN H.	229	HARPER COLLINS PUBLISHERS, INC.
WILLMAN, LEE A.	771	HERMAN R. EWELL, INC.
WINDISH, LINDA	429	BOYERTOWN AUTO BODY WORKS, INC.
YAGLE, MARY A.	764	VALLEY FARMS TRANSPORT, INC.
YEINGST, TODD A.	776	HALLS MOTOR TRANSIT CO.

For the month of September, 2007

Name	Local	Employer
ALLEMAN, JR., NELSON	776	ARKANSAS BEST FREIGHT SYS., INC.
BADNER, JOSEPH	229	DEFAZIO EXPRESS, INC.
BAKER, JAMES A.	776	PILOT FREIGHT CARRIERS, INC.
BAKER, JAMES R.	776	ARKANSAS BEST FREIGHT SYS., INC.
BANKERT, ALVIN F.	776	YORK CONCRETE SEPTIC TANKS, CO.
BARDER, CLARK A.	776	ARKANSAS BEST FREIGHT SYS., INC.
BARRICK, DENNIS	776	ROADWAY EXPRESS, INC.
BEESE, BERNARD W.	776	ARKANSAS BEST FREIGHT SYS., INC.
BENDER, JR., ROBERT M.	776	ARKANSAS BEST FREIGHT SYS., INC.
BLANK, STERLING W.	776	YORK DRILLING CO., INC.
BONER, KERMIT R.	776	HIGHWAY FILM DELIVERY, INC.
BOSEY, LARRY D.	771	UNITED PARCEL SERVICE, INC.
CHASZAR, STEPHEN	773	UNITED PARCEL SERVICE, INC.
CHRISTMAN, BARRY L.	773	UNITED PARCEL SERVICE, INC.
CLARK, GERALD L.	429	JOHN PFROMMER, INC.
COSTLOW, THOMAS	776	FLEMING COMPANIES, INC.
CRAYTON, RONALD W.	764	PILOT FREIGHT CARRIERS, INC.
CUNNINGHAM, DAVID L.	229	CONSOLIDATED FREIGHTWAYS
DEWITSKY, JOHN	999	ALLIED SYSTEMS, LTD
ENDERS, ERNEST S.	776	ROADWAY EXPRESS, INC.
EYSRICK, GEORGE ANDREW	776	ROADWAY EXPRESS, INC.
FLEMING, JAMES	776	ROADWAY EXPRESS, INC.
GRINAWAY, ROBERT J.	229	ROADWAY EXPRESS, INC.
GRUNDON, JR., EDWARD S. H.	776	ROADWAY EXPRESS, INC.
HAIR, TERRY W.	776	HESS TRUCKING COMPANY
HANCOCK, MARLENE	429	COTT BEVERAGES WYOMISSING, INC.
HELLINGS, CHARLES	773	UNITED PARCEL SERVICE, INC.
HERBST, DIANA	429	BOYERTOWN AUTO BODY WORKS, INC.
HILFERDING, JR., LLOYD I.	776	CONSOLIDATED FREIGHTWAYS
KENEPP, JOSEPH E.	776	ARKANSAS BEST FREIGHT SYS., INC.
KOCZWARA, DIANNE	229	SUPER MARKET SERVICE CORP.
LAMON, TIMOTHY B.	429	APEX EQUIPMENT COMPANY
LEIPHART, DEAN P.	776	FLEMING COMPANIES, INC.
LEVAN, LARRY G.	429	RACHLIN FURNITURE, INC.
LONG, TERRY L.	776	PRESTON TRUCKING CO., INC.
MADRZYKOWSKI, GERALD F.	776	ROADWAY EXPRESS, INC.
MCCAULEY, DAVID W.	229	TRANSPERSONNEL, INC.
MCCAULEY, TERRY L.	764	CHAMPION PARTS REBUILDERS, INC.
MILLER, JOHN C.	771	YELLOW FREIGHT SYSTEM, INC.
MOYER, CAROL ANN	429	BRENNTAG NORTHEAST, INC.
MYERS, JR., WALTER J.	776	PRESTON TRUCKING CO., INC.
NAGLE, RICHARD A.	776	ARKANSAS BEST FREIGHT SYS., INC.
NEWMAN, ROBERT	773	THYPIN STEEL
PATRICK, ANTHONY A.	229	ROADWAY EXPRESS, INC.
REPERT, JR., CHARLES LEROY	429	BIRDSBORO BOROUGH
RINGBLOOM, FRED A.	771	KEREK AIR FREIGHT CORP.
ROSEMAN, SHIRLENE L.	776	ARKANSAS BEST FREIGHT SYS., INC.
ROUSH, DONALD G.	776	ROADWAY EXPRESS, INC.
RUBRIGHT, CARL E.	429	ASSOCIATED WHOLESALE, INC.
SCHANWOLF, JOHN C.	773	PEPST TRUCKING CO., INC.
SCHANINGER, ROBERT C.	773	PEPST COLA BOTTLING GROUP
SEWELL, THOMAS L.	429	CARL R. BIEBER, INC.
SHADE, FLOYD H.	429	SCHRAFFT CANDY CO.
SHEFFER, JR., PAUL H.	776	KEEBLER COMPANY
SHOWALTER, JOHN F.	764	MANDATA POULTRY COMPANY
SMITH, TERRY L.	764	BRANCH MOTOR EXPRESS, CO.
SNOKE, WILLIAM J.	429	BIG A AUTO PARTS, INC.
SOEHNGEN, ROBERT G.	229	CONSOLIDATED FREIGHTWAYS
TOPPING, JOHN C.	773	MAKOVSKY BROTHERS, INC.
WALTER, JR., JOHN F.	401	COON INDUSTRIES, INC.
WANSING, JAMES L.	771	YELLOW FREIGHT SYSTEM, INC.
WASHKO, DENNIS B.	764	INTERSTATE MTR. FREIGHT SYS., INC.
WELLS, JR., LEON A.	776	ROADWAY EXPRESS, INC.
WIESE, RANDOLPH W.	229	ROADWAY EXPRESS, INC.
WIMER, RAY B.	771	YELLOW FREIGHT SYSTEM, INC.
WRIGHT, THOMAS E.	776	ARKANSAS BEST FREIGHT SYS., INC.
ZINK, LARRY D.	776	ROADWAY EXPRESS, INC.

Central Pennsylvania Teamsters Pension Fund and Central Pennsylvania Teamsters Health and Welfare Fund

Trustees:

William M. Shappell – Chairman & Union Trustee
Tom J. Ventura – Secretary and Employer Trustee
Kevin M. Cicak – Union Trustee
Tomm Forrest – Employer Trustee
Peter G. Hassler – Employer Trustee
Mike Jones – Employer Trustee
Keith L. Noll – Union Trustee
Howard W. Rhinier – Union Trustee
Michael P. Rys – Union Trustee
Daniel W. Schmidt – Employer Trustee
Joseph J. Samolewicz, Administrator
Martin L. Cullen, Assistant Administrator

Professional Advisors:

Beyer-Barber, Health and Welfare Fund Actuary & Consultant
Novak Francella, LLC, Certified Public Accountants
Sheppard Mullin Richter & Hampton LLP, Legal Co-Counsel
Summit Strategies, Investment Consultant
Stevens & Lee, Legal Co-Counsel
The Savitz Organization, Pension Fund Actuary & Consultant
Willig, Williams and Davidson, Legal Co-Counsel

Investment Managers for the

Central Pennsylvania Teamsters Health and Welfare Fund:

Aronson+Johnson+Ortiz, LP
Causeway Capital Management, LLC
INTECH – Enhanced Investment Technologies, LLC
Rothschild Asset Mgt., Inc.
SEI Investments
Walter Scott & Partners, Ltd.

Investment Managers for the

Central Pennsylvania Teamsters Pension Fund:

Aberdeen Asset Management, Inc.
Aronson+Johnson+Ortiz, LP
The Boston Company Asset Management, LLC
Causeway Capital Management, LLC
DSI International Management, Inc.
INTECH – Enhanced Investment Technologies, LLC
LSV Asset Management
Mesirow Financial, Inc.
Post Advisory Group, LLC
Principal Financial Group
Prudential Insurance Company of America
Rothschild Asset Mgt., Inc.
State Street Global Advisors
Walter Scott & Partners, Ltd.
Western Asset
Westfield Capital Management Company, LLC

Important Information from the Fund Office

Fund Office Contact Information

Contact the Fund Office directly with any questions on Health and Welfare or Pension benefits. The Fund staff is available Monday through Friday from 7:30 a.m. to 4:00 p.m.

Telephone Numbers:

<i>Health & Welfare</i>	<i>Pension</i>
(610) 320-5500	(610) 320-5505
Toll free in PA 1-800-422-8330	Toll free in PA 1-800-343-0136
Nationwide: 1-800-331-0420	Nationwide 1-800-331-0420

Reminder-Keep Your Information Current with the Fund Office

Please remember to keep your address, dependent and beneficiary information updated with the Funds. You can call or mail in address changes to the Fund. You can call the Fund offices or visit www.CentralPATeamsters.com to obtain beneficiary change forms to complete and send in to the Fund office.

Note: The Fund Office has extended its hours on a trial basis from 7:30 a.m. to 5:00 p.m.

Retirees: Direct Deposit Makes Sense!

Would you like to be sure that your pension check is available to you on the first business day of each month? You can be certain if you use direct deposit! Eliminate the worries of delayed mail delivery, postponed trips to the bank because of bad weather or other commitments, lost or stolen checks, standing in long lines at the bank, or waiting for your check to clear at the bank.

It's easy to sign up! Just call the Fund Office or visit www.CentralPATeamsters.com (click on "Forms") to get the form. Fill it out and return it to the Fund Office. It takes about 30 days to complete the process. Then relax and enjoy the comfort of knowing that your pension check is available to you each month without delay.

Important: If you are currently using direct deposit and your bank name and/or account number changes, please notify the Fund immediately, even if your bank informs you that no notification is necessary. If you change banks and need to complete a new form, simply call the Fund Office or visit www.CentralPATeamsters.com (click on "Forms") to get a new form. Please note that direct deposit changes usually take 30 days to become effective after you notify the Fund. After you request a change, your first check will be mailed to your home. Thereafter, your check will be directly deposited to your bank account. ●

Central PA Teamsters

P.O. Box 15223
Reading, PA 19612-5223

Return Service Requested



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