

# ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —  
Pacific Maritime Association [www.benefitplans.org](http://www.benefitplans.org)

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ILWU-PMA Pension Plan  
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

June 8, 2015

TO: ILWU Watchmen Local 26 and Local 75  
FROM: Jacquie Gasparro, Manager, Pension Plans  
**SUBJECT: Summary Annual Report and Special Bulletin**

Enclosed is a copy of the Summary Annual Report for the year ended June 30, 2014 for the ILWU-PMA Welfare Plan. Copies of this report will be mailed to participants as required by ERISA.

The enclosed bulletin entitled "News About Your Health and Pension Benefits" will also be sent with the Summary Annual Report to all participants.

Enclosures

A copy of this memo can be downloaded at [www.benefitplans.org](http://www.benefitplans.org)

**ILWU-PMA WELFARE PLAN**  
**1188 FRANKLIN STREET, SUITE 101 - SAN FRANCISCO, CA 94109**  
**(415) 673-8500**

**SUMMARY ANNUAL REPORT FOR ILWU-PMA WELFARE PLAN**

This is a summary of the annual report for the ILWU-PMA Welfare Plan (“Plan”) (Employer Identification Number 94-6068578) for the Plan year beginning July 1, 2013 and ending June 30, 2014. The annual report is filed with the Employee Benefits Security Administration, Department of Labor as required under the Employee Retirement Income Security Act of 1974 (“ERISA”).

**Self-Funded Benefit Information**

The Plan sponsors (ILWU and PMA) have agreed that certain types of claims incurred under the terms of the Plan will be paid directly from Plan assets. These include claims for hospital-medical-surgical benefits, prescription drug benefits, hearing aid program benefits, disability benefits, social security supplementation benefits and benefits under the Widows’ Independent Living Subsidy Program.

**Insurance Information**

The Plan has contracts with insurance carriers to pay certain types of claims incurred under the terms of the Plan, including claims for dental benefits, death and dismemberment benefits and vision care benefits. In addition, the Plan has contracts with organizations which directly provide hospital-medical-surgical care, vision care, prescription drugs and dental care under the terms of the Plan. A list of the names of the Plan’s insurance carriers and providers of care appears at the end of this report. The total premiums paid for the Plan year ending June 30, 2014 were \$145,612,044.

In the case of “experience-rated” contracts with insurance carriers, the premium costs are affected by, among other things, the number and size of claims. The premiums paid under such “experience-rated” contracts for the Plan year ended June 30, 2014 were \$41,641,496 and the total of all benefit claims paid under these “experience-rated” contracts during the Plan year was \$38,626,974.

**Basic Financial Statement**

The value of Plan assets after subtracting liabilities of the Plan was \$74,826,936 as of June 30, 2014 compared to \$70,050,441 as of July 1, 2013. During the Plan year, the Plan experienced an increase in its net assets of \$4,776,495. The Plan had total income of \$624,177,824, including employer contributions of \$606,953,184, employee contributions of \$11,416,488, Medicare Part D subsidy of \$5,731,586 and earnings from investments of \$76,566.

Plan expenses were \$619,401,329. These expenses included \$43,562,773 in administrative expenses, \$430,226,512 in benefits paid directly to participants and beneficiaries and \$145,612,044 paid to insurance carriers and providers of care.

**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:

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1. an accountant's report;
2. assets held for investment;
3. transactions in excess of 5 percent of Plan assets;
4. information on payments to service providers; and
5. insurance information including fees paid by insurance carriers

To obtain a copy of the full annual report, or any part thereof, write or call the ILWU-PMA Welfare Plan, 1188 Franklin Street, Suite 101, San Francisco, CA 94109, telephone (415) 673-8500. It may be necessary for the Plan to impose a reasonable charge to cover copying costs. If so, you will be advised of the charge for specific documents requested before they are mailed to you.

You also have the right to receive from the Plan office, 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 office, these two statements and accompanying notes will be included as part of that report. Any charge made to cover copying costs 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 ILWU-PMA Welfare Plan, 1188 Franklin Street, Suite 101, San Francisco, CA 94109, 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, N-1513, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington D.C. 20210.

### **Additional Explanation**

This report is being distributed in accordance with provisions of the Employee Retirement Income Security Act (ERISA). ERISA requires that an annual report be filed with the Department of Labor, and that a summary of the annual report be furnished each year to all Plan participants. This summary is being given general distribution to assure that all participants receive it. It may therefore be received by some persons who are not participants in the Plan.

ILWU-PMA Welfare Plan insurance carriers and providers of care:

Delta Dental Plan (Dental Service Plans of California, Oregon, Washington)  
Dental Health Services (California, Washington)  
Yep Dental Corporation DBA Gentle Dental  
CIGNA/Great-West Healthcare  
Group Health Cooperative of Puget Sound  
Harbor Dental Associates  
Kaiser Foundation Health Plan (Northern California)  
Kaiser Foundation Health Plan (Southern California)  
Kaiser Foundation Health Plan of the Northwest  
OptumRx  
LifeMap-Willamette Dental  
Vision Service Plan (California, Oregon, Washington)

# NEWS ABOUT YOUR HEALTH AND PENSION BENEFITS

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The information that follows concerns health and pension benefits for *eligible* active and retired longshoremen, ship clerks, walking bosses/foremen and watchmen, and their qualified dependents.

\* **Women's Health and Cancer Rights Act of 1998:**

On October 21, 1998 Congress passed the "Women's Health and Cancer Rights Act of 1998." Under this law, effective January 1, 1999 health plans must provide the following coverage after a mastectomy, as determined in consultation with the attending physician and the patient:

- ⇒ reconstruction of the breast on which the mastectomy was performed
- ⇒ surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance
- ⇒ prostheses (artificial replacements)
- ⇒ services for physical complications resulting from the mastectomy

All ILWU-PMA Welfare Plan health care programs provide this coverage and are in compliance with the law. *If you have any questions about this law, please contact your respective health plan or the Plan office.*

\* **Life Insurance Beneficiary Designation Form (for Active and Retired Longshoremen):**

Please remember to keep your Beneficiary Designation Form current. Changes in beneficiary designation may be made at any time by submitting a new Beneficiary Designation Form to the Benefit Plans Office. The Beneficiary Designation Form is available at your Local and the Benefit Plans Office.

**Beneficiary Designation Forms must be submitted to the Trustees c/o the ILWU-PMA Benefit Plans Office, 1188 Franklin Street, Suite 101, San Francisco, CA 94109. A change in beneficiary designation is not effective until the completed and signed form is received by the Trustees at the Benefit Plans Office.**

\* **Active and Retired Member's Address Changes:**

It is important to notify the Plan office when your **address changes**. To request an address change, call the Plan office at (415) 673-8500 to request a Record Change Form or you can download the form at [www.benefitplans.org](http://www.benefitplans.org). Retirees can send a signed written address change request to: ILWU-PMA Benefit Plans, 1188 Franklin Street, Suite 101, San Francisco, CA 94109.

\* **Who May Sign on Behalf of Pensioners:**

Under the rules of the ILWU-PMA Pension Plan, pension checks, address change requests, etc., must be signed by the pensioner or other person authorized to act on the pensioner's behalf, such as a court appointed guardian and/or conservator of the pensioner's estate. Under certain circumstances, benefit payments may be mailed to a pensioner in care of a Social Security Representative Payee or the holder of a power of attorney, and such person will be allowed to sign on the pensioner's behalf for certain Plan purposes. Documentation of the status as guardian, conservator, Social Security Representative Payee or holder of power of attorney must be sent to, and found acceptable by, the Benefit Plans

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Office before a signature other than the pensioner's can be accepted. Generally, a power of attorney document will be acceptable if it is received in the Plan office within five years of the date it is granted. These are the only circumstances under which anyone other than the pensioner will be allowed to sign on the pensioner's behalf for any Pension or Welfare Plan purpose.

\* **Pensioners/Survivors:**

If your ILWU-PMA pension check is being **mailed** to your home/post office box or to your bank/financial institution, consider signing up for Electronic Fund Transfer (EFT). EFT is a more efficient way of depositing your benefit payments – your payment is transmitted electronically and does not go through the postal service. With EFT, you always know what day your funds will be deposited in your account. Information about EFT and sign-up forms are available from the Benefit Plans Office (415-673-8500) or at the ILWU Locals, or may be downloaded at [www.benefitplans.org](http://www.benefitplans.org).