ILWU-PMA BENEFIT PLANS /

ILWU-PMA Pension Plan ILWU-PMA Welfare Plan ILWU-PMA Watchmen Pension Plan

December 21, 2017

- TO: ILWU Watchmen Locals 26 and 75
- FROM: Jacquie Gasparro, Manager, Pension Plans

INFORMATION FOR PENSIONERS SUBJECT: Medicare Part B Premium Reimbursement 2018 2017 IRS Form 1099-R

Attached is information which will be mailed to the homes of all pensioners in December 2017. The 2017 1099-R tax forms will be mailed to the homes of all pensioners before January 31, 2018.

Attachments

CC: Area Welfare Director, Northern California Area Welfare Director, Southern California

A copy of this memo can be downloaded at www.benefitplans.org

JG:nt/opeiu29aflcio/MTP – Information for Pensioners – Watchmen – (2017) – 112917

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International Longshore & Warehouse Union – Pacific Maritime Association **www.benefitplans.org**

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109

PHONE (415) 673-8500 FAX (415) 749-1321

ILWU-PMA Pension Plan ILWU-PMA Welfare Plan ILWU-PMA Watchmen Pension Plan

TO:

DATE: December 2017

THIS MAILING CONTAINS INFORMATION FOR PENSIONERS, SURVIVING SPOUSES AND ALTERNATE PAYEES UNDER THE ILWU-PMA PENSION PLAN OR THE ILWU-PMA WATCHMEN PENSION PLAN AND PENSIONERS AND BENEFICIARIES RECEIVING MEDICARE PART B REIMBURSEMENT UNDER THE ILWU-PMA WELFARE PLAN.

1099-R FORM Your tax Form 1099-R reflecting the total amount of pension payments issued in 2017 and the amount of federal income tax withheld, if any, <u>will be distributed in a separate mailing before January 31, 2018.</u>

Watchmen pensioners who receive benefit payments either from Lincoln National Life Insurance Company or Allstate Life Insurance Company will receive tax Form 1099-R from the insurance company for payments issued in 2017. The information provided below regarding normal and disability pensions is applicable to Lincoln National and Allstate payments.

NORMAL AND DISABILITY PENSIONS These payments are considered ordinary income for tax purposes by the IRS. Your Form 1099-R will show the total amount of pension payments issued in 2017 in **Box 1** and the taxable amount of such payments in **Box 2a**. The amount of federal income tax withheld, if any, is shown in **Box 4**. **Box 7** shows an IRS code which identifies the type of pension (distribution) you received. Recipients will be required to attach Form 1099-R to their returns if Federal income tax withholding is shown in **Box 4**. <u>A sample of a blank Form 1099-R appears on the reverse side of this page for your reference.</u>

Under IRS regulations some disability pensioners may be entitled to claim a tax credit on account of disability. Individual tax advisers or the IRS can assist disability pensioners in determining whether or not they are entitled to such credit.

Federal income taxes are automatically withheld from Pension Plan payments in required amounts unless pensioners elect otherwise. Pensioners who receive their pension payments outside the United States may <u>not</u> elect exemption from withholding. **Withholding election forms are available at the Locals and can be requested from the Benefit Plans Office or can be downloaded at www.benefitplans.org. Elections may be made and revoked as often as desired.** Penalties may be incurred under federal tax rules if sufficient tax is not withheld from pension payments and payments of estimated tax are not adequate.

(over)

CALIFORNIA RESIDENTS ONLY The amount of State income tax withheld, if any, is shown in **Box 12** of Form 1099-R. Recipients will be required to attach Form 1099-R to their returns if California income tax withholding is shown in **Box 12**.

INFORMATION OFTEN REQUESTED BY TAX ADVISERS, LAWYERS, AND THE IRS

MEDICARE PART B PREMIUM REIMBURSEMENTS The Benefit Plans Office has been advised that under IRS regulations Medicare Part B premium reimbursements are not subject to income tax. Therefore, the amount reimbursed by the Benefit Plans Office for Medicare Part B premiums is not included on Form 1099-R.

All Pension Plan benefits are employer contributed, with no contribution by the longshoreman, ship clerk, walking boss/foreman, surviving spouse, alternate payee or watchman.

NOTE: THIS BULLETIN IS BEING DISTRIBUTED AS A MATTER OF CONVENIENCE AND IS NOT INTENDED AS TAX ADVICE. YOU SHOULD NOT RELY ON THIS BULLETIN AS TAX ADVICE. ALL QUESTIONS REGARDING TAXES OR TAXABILITY OF BENEFIT PAYMENTS SHOULD BE REFERRED TO YOUR INDIVIDUAL TAX ADVISER OR THE IRS.

Form 1099-R	SA CORRECTED	MPLE	2 OMB No. 1545-0119	017	
1 Gross distribution 2b Taxable amount not determined	2a Taxable amount SAMPLE Total distribution		Distribution Pensions, An Retire Profit-Sharing IRAs, Ins Contrac	nuities, ment or J Plans, surance	
PAYER'S name, street address, city, state and ZIP code SAMPLE PAYER'S Federal identification number RECIPIENT'S identification number					
PAYER'S Federal identification nu	mber	RECIPIENT'S identit	fication number		
	4 Federal incom	e tax withheld	fication number 5 Employee contributio Designated Roth contributions or insurance premiums	ns/	
3 Capital gain (included in box 2a)	4 Federal incom	e tax withheld	5 Employee contributio Designated Roth contributions or insurance premiums / 8 Other	ns/ %	
3 Capital gain (included in box 2a) 6 Net unrealized appreciation	4 Federal incom SA/1 7 Distribution code bution	e tax withheld MPLE (s) IRA/SEP SIMPLE 9b Total employee	5 Employee contributio Designated Roth contributions or insurance premiums / 8 Other contributions	%	
 Capital gain (included in box 2a) Net unrealized appreciation in employer's securities Your percentage of total distri 	4 Federal incom SA/ 7 Distribution code bution	e tax withheld MPLE (s) IRA/SEP SIMPLE 9b Total employee	5 Employee contributio Designated Roth contributions or insurance premiums / 8 Other contributions	%	
 Capital gain (included in box 2a) Net unrealized appreciation in employer's securities Your percentage of total distri RECIPIENT'S name an RECIPIENT'S name and IN Amount allocable to IRR within 	4 Federal incom SA/ 7 Distribution code bution nd street address	e tax withheld MPLE (s) IRA/SEP SIMPLE 9b Total employee s (incl. apt. no. MPLE	5 Employee contributio Designated Roth contributions or insurance premiums / 8 Other contributions	%	
 Capital gain (included in box 2a) Net unrealized appreciation in employer's securities Your percentage of total distri 	4 Federal incom SA/ 7 Distribution code bution nd street address	e tax withheld MPLE (s) IRA/SEP SIMPLE 9b Total employee s (incl. apt. no. MPLE Roth contrib.	5 Employee contributio Designated Roth contributions or insurance premiums / 8 Other contributions), city, state and ZII	%	

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For Pensioners and Beneficiaries receiving Medicare Part B Reimbursement under the ILWU-PMA Welfare Plan:

MEDICARE PREMIUM RATE

The Medicare Part B premium for 2018 will be \$109.00 per person for most members whose modified adjusted gross income does not exceed \$85,000 (\$170,000 for couples). Individuals whose modified adjusted gross income exceeds that amount, or who are Social Security recipients whose cost of living adjustment covers the increase in Medicare Part B premiums deducted from their Social Security benefits, are subject to higher premium amounts.

Pensioners and Beneficiaries whose monthly Medicare Part B premium is higher than the rate of \$109.00 must submit documentation annually to the Benefit Plans Office verifying the amount of their monthly premium so that they can be reimbursed. (Please note, new Pensioners and Beneficiaries may have a 2018 monthly Medicare Premium rate of \$134.00.)

If you receive a Medicare Part B reimbursement amount which you believe is incorrect, please contact the Benefit Plans Office immediately.

DISABLED PERSONS UNDER AGE 65

A disabled person <u>under age 65</u> is entitled to Medicare coverage after the 24th month of his or her social security benefit entitlement. Under provisions of the Welfare Plan, eligible pensioners and their dependents and survivors under age 65 must notify the Benefit Plans Office when they become eligible for Medicare due to disability. **If you have not reported your own or your dependent's entitlement to Medicare -- do so now**, as this will allow us to reimburse your Medicare premium.

ALL PERSONS

The Benefit Plans Office must be notified about any of the events listed below:

- CHANGE OF MARITAL STATUS Divorce, Marriage, Death of Spouse (Record Change Forms are available at the ILWU locals or can be downloaded at www.benefitplans.org to report this change.)
- 2. CHANGE OF ADDRESS (Record Change Forms are available at the ILWU locals or can be downloaded at www.benefitplans.org to report this change.)
 - www.benefitplans.org to report this change.)
- 3. CHANGE OF MEDICARE STATUS (Contact the Benefit Plans Office to report this change.)
 - Loss of Medicare Part B eligibility
 - . Medicare entitlement before age 65
 - . Part B premium paid by a third party (another Employer or a State Agency, e.g., Medicaid or Medi-Cal)

JG:nt/opeiu29aflcio/Medicare Notice 2018--11.29.17

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THIS IS FOR ELECTRONIC FUND TRANSFER PARTICIPANTS ONLY

ELECTRONIC FUND TRANSFER DEPOSIT DATES FOR THE YEAR 2018 ILWU-PMA PENSION PAYMENTS

MONTH OF PAYMENT

DATE CREDITED TO YOUR ACCOUNT

January	1/2/2018 – Tuesday
February	2/1/2018 – Thursday
March	3/1/2018 – Thursday
April	4/2/2018 – Monday
Мау	5/1/2018 – Tuesday
June	6/1/2018 – Friday
July	7/2/2018 – Monday
August	8/1/2018 – Wednesday
September	9/4/2018 – Tuesday
October	10/1/2018 – Monday
November	11/1/2018 – Thursday
December	12/3/2018 – Monday
January 2019	1/2/2019 – Tuesday

Please check with your financial institution as to the time of day when your pension payment will be credited to your account.

PA:nm/opeiu29aflcio/EFTdates-2018