

## **SUMMARY ANNUAL REPORT FOR INDIANA TEAMSTERS HEALTH BENEFITS PLAN**

This is a summary of the annual report of the Indiana Teamsters Health Benefits Plan, a health, life insurance, dental and vision plan (Employer Identification Number 35-1074113, Plan Number 501), for the plan year 01/01/2016 through 12/31/2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Board of Trustees of the Indiana Teamsters Health Benefits Fund has committed itself to pay certain medical, dental, and vision claims incurred under the terms of the plan.

### **Insurance Information**

The plan has insurance contracts with The Union Labor Life Insurance Company and Companion Life Insurance to pay certain stop loss, life insurance, AD&D claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2016 were \$1,206,303.

### **Basic Financial Statement**

The value of plan assets, after subtracting liabilities of the plan, was \$34,028,460 as of the end of plan year, compared to \$27,151,711 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$6,876,749. This change 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 \$48,336,121, including employer contributions of \$47,136,736, employee contributions of \$123,513, and earnings from investments of \$1,075,872. Plan expenses were \$41,459,372. These expenses included \$5,367,221 in administrative expenses and \$36,092,151 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. Insurance information, including sales commissions paid by insurance carriers.
5. 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 plan administrator, at 1233 Shelby Street, Indianapolis, IN 46203 and phone number, 317-639-3573.

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.

You also have the legally protected right to examine the annual report at the main office of the plan: 1233 Shelby Street, Indianapolis, IN 46203, 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.