

**TEAMSTERS LOCAL 830
HEALTH AND WELFARE FUND
SUMMARY ANNUAL REPORT FOR THE PERIOD SEPTEMBER 1, 2017 TO AUGUST 31, 2018**

TO: ALL PLAN PARTICIPANTS

FROM: THE TRUSTEES

This is a summary of the Annual Report of the Teamsters Local 830 Health and Welfare Fund, Employer Identification Number 23-1415471, for the period September 1, 2017 to August 31, 2018. This 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.

BENEFIT INFORMATION

The plan has contracts with insurance and other health care provider companies to pay medical/surgical, hospital, vision, life and disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending August 31, 2018 and the benefits provided are as follows:

<u>Company</u>	<u>Premiums</u>	<u>Benefit</u>
Metropolitan Life Insurance Company	\$667,472	life insurance and disability

The Plan also provides for certain self-insured health, dental, vision, death benefits, and prescription claims incurred under the terms of the plan. The total self -insured benefits paid for the year ended August 31, 2018 were \$25,945,132.

In addition, the Fund paid \$495,801 in legal service benefits.

BASIC FINANCIAL STATEMENTS

The value of plan assets, after subtracting liabilities of the plan was \$25,196,313 as of August 31, 2018 compared to \$ 20,136,957 as of August 31, 2017. During the plan year, the plan experienced an increase in its net assets of \$5,059,356. During the plan year, the plan had total income of \$33,426,996 including employer contributions of \$32,812,763 participant contributions of \$412,522 earnings/ (loss) from investments of \$80,754 and other income of \$120,957.

Plan expenses were \$28,367,640. These expenses included \$27,551,960 in insurance premiums and other benefits paid to or for participants and their beneficiaries and \$815,680 in administrative expenses

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:

An accountant's report.

Financial information and information on payments to service providers. Insurance information including sales commissions paid by insurance carriers.

Fiduciary information, including transactions between the plan and parties-in-interest (that is persons who have certain relationships with the plan)

To obtain a copy of the full annual report, or any part thereof, write or call the office of:

MR. SAMUEL KENISH, ADMINISTRATOR
TEAMSTERS LOCAL 830 HEALTH AND WELFARE FUND
12298 TOWNSEND ROAD
PHILADELPHIA, PENNSYLVANIA 19154
PHONE: (215) 969-1012

The Administrator will state the copying costs upon request so that you may know the charge before ordering.

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 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 the 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.

12298 TOWNSEND ROAD
PHILADELPHIA, PENNSYLVANIA 19154

or 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 of Labor should be addressed to:

PUBLIC DISCLOSURE Room, N-1513
EMPLOYEE BENEFITS SECURITY ADMINISTRATION
U. S. DEPARTMENT OF LABOR
200 CONSTITUTION AVENUE, N.W.
WASHINGTON, D.C. 20210