Plumbers & Steamfitters Local 486
Medical Fund

Board of Trustees Meeting

September 12, 2016

PLUMBERS and STEAMFITTERS LOCAL 486 MEDICAL FUND

AGENDA

September 12, 2016

A. ROLL CALL

B. READING OF THE MINUTES – July 7, 2016

C. ADMINISTRATION REPORTS

1. Medical Fund Cash Balance - August 31, 2016
2. Medical Fund Schedules - August 31, 2016
3. Medical Fund Bills To Be Approved & Paid - Sept. 12, 2016
4. Administrative Cash Balance - August 31, 2016
5. Principal Account Activity - August 31, 2016
6. Claims Report – August 31, 2016
7. Claimant Usage Report – August 31, 2016
8. High Cost Medical Claims – July and August, 2016
9. Bolton Partners – Projected vs. Actual - August 31, 2015

D. UNFINISHED BUSINESS

1. Delinquent Contractors
2. Redefining Retirement
3. Summary Material Modification (SMM)
4. HMO Proposals – 2017
5. A Baker's Dozen – Continued
6. Major Medical Deductable - 2017

E. NEW BUSINESS

1. Deaths: Martha Spence – 5/13/2016, age 89
   Madlyn Gourley – 7/16/2016, age 91
   Frank Engler – 7/25/2016, age 72
   Foster Wright – 8/10/2016, age 88
   Carroll Warner – 8/24/2016, age 84
   Betty Woodall – 6/30/2016, age 67
   Justin Smith – 7/22/2016, age 30
   Kenneth Johnson – 7/30/2016, age 77
   Floyd Ashburn – 8/13/2016, age 84
2. Retirements: Richard Goodman – age 67, Not Eligible
   Joseph Hanbruch – age 58, Not Eligible
   Thomas Hendricks, age 62, Not Eligible
   Stephen Lowe Sr, - age 61
   David Pusey – age 61, Not Eligible
   Ronald Riley – age 62, Note Eligible
   Craig Silver – age 60
   Robert Spalding – age 64
3. Survivors: Gail Bailey
   Linda Gizinski
4. Appeals
5. Questions
6. Date of Next Meeting – October 11, 2016 at 1:00 p.m.
   November 21, 2016 at 2:00 p.m.
   December 12, 2016 at 11:00 a.m.

Plumbers & Steamfitters Local 486
Medical Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

Trustees Attending: E. Eckstein, D. Fischer, A. George, J. Livingston, P. Matusky, S. Weissenberger, W. Welsh

Others: Attending: K. Bradley, D. Jensen, M. Lynne, D. Troll, D. Welch

The Trustees met on July 11, 2016 at the office of the Administrative Manager.

Chairman Weissenberger called the regular meeting to order at 2:01 p.m.

A. The minutes of the meeting of June 13, 2016 were approved as presented.

B. The Advice Forms, Investment Analysis, Fund Cash Balance, Fund Bills to Be Approved and Paid, Administrative Cash Balance, Flex Spending & Claims Analysis and Medical Claims Usage reports were accepted. Trustees receiving compensation recused themselves from the votes related to their payments.

   Mr. Lynne reviewed his Projected vs. Actual Results for the six months ended June 30, 2016.

C. Unfinished Business

   1. Ms. Bradley reported on the current delinquencies. The Trustees discussed the employers that were being scheduled for payroll audits this year. It was noted that Southland and LPC Services are on the list, along with American Combustion, Heffron Co., Inc., J.G. Martin, LPC Services and Rock Spring.

   2. The Trustees agreed to keep Redefining Retirement on the agenda.

   3. Ms. Bradley distributed and discussed the proposed Summary Material Modification (SMM) to the Plan provisions of the Summary Plan Description (SPD) regarding Eligibility For Retired Employees found on page 6 of the SPD.

D. New Business

1. Deaths: Patricia Robertson – 6/15/2016, age 80
   Edward Gizinski – 6/17/2016, age 70
   William Bailey – 6/21/2016, age 69

2. The Trustees approved the Retirement Status for:
   Joseph Presti – Normal, age 65
   Marianne Reininger – Count, age 68
   Barry Stahl – Service, age 55
   Christopher Tilghman – Service, age 56

3. Mr. Lynne will report at the September 12, 2016 Trustees' meeting his HMO comparison for the Plan year 2017. The Trustees discussed what HMOs may be offered. Open Enrollment will be in October and November, 2016.

4. At the request of Trustee Weissenberger, Mr. Lynne discussed an article entitled "A Baker's Dozen of Practical Ways to Reduce Medical Claims Costs" published in the International Foundation Benefits Magazine. Items 5, 6, 10, 11 and 12 of the article will be discussed at next month's meeting.

5. Medical Appeal – 7-2016-01. The Participant's spouse is appealing, on behalf of her son (DOB: 06/08/1991), a denial of coverage for Olanzapine, an anti-psychotic medication. The participant's spouse states, "Our son was involved in a severe car accident in July 2015 which left him with a very bad traumatic brain injury. Every part of his brain had been damaged. He was in rehab for several months after his stay in Shock Trauma. The neuro doctors found the perfect medicine combination that works very well for [my son]. I have been trying to get his medicine filled by Optum Rx. [Olanzapine was] prescribed 15 mg 2 times per day. I have been told you will not allow this. [My son] has been off his medicine for almost three weeks. Because of this he is very moody, irritable and agitated. When he is in this frame [of mind] he is at risk of harming himself or possibly someone else."

   Medical records, received with the appeal, were sent to Conifer Health for review. Conifer Health advised the Fund office that they were forwarding the information to MRIoA. Conifer Health advised the Fund office on July 6, 2016 that MRIoA had determined the Olanzapine was **not medically necessary**. "Zyprexa (Olanzapine) is FDA approved for the treatment of schizophrenia and manic or mixed episodes in biploar I disorder. A

literature search regarding the use of Olanzapine in the treatment of brain injury has not been subject to any clinical trial determining its safety and effectiveness. While there have been case reports of efficacy, case reports do not reflect efficacy as negative outcomes are rarely reported. Given the lack of evidence of efficacy of Olanzapine for the requested indication, its use would not be considered medically indicated and necessary for the patient. The patient may utilize medications typically used to treat behavioral disturbances from brain trauma, including quetiapine, risperidone or haloperidol." After review and discussion of all materials presented, the Trustees voted to deny this appeal.

6. Ms. Welch distributed and discussed a list of the top five hospitals which received payments from the Medical Fund for benefits in the year 2015.

7. Trustees George reminded the Board of Trustees of the actions approved in the minutes of October 9, 2012, "***The Trustees agreed to increase the Self Insured Major Medical deductible from $100.00 to $300.00 per person per year, with the family maximum increased from $300 to $600.00 per family. The Trustees agreed that if the Fund's reserves exceed 11.0 months for six consecutive months, as determined on a cash basis, the deductible will be reduced back to $100.00 per year immediately thereafter."*** Since the Fund's reserve has exceeded 11.0 months for the last seven months, the deductibles will be reduced effective January 1, 2017, with a SMM being mailed in October 2016.

8. Date of the next meetings:
   August 2016 – No Meeting
   September 12, 2016 at 2:00 p.m.
   October 11, 2016 at 1:00 p.m.
   November 21, 2016 at 2:00 p.m.
   December 12, 2016 at 11:00 a.m.

4. Adjournment: 3:20 p.m.

Respectfully submitted,

Dale O. Troll, CEBS
Acting Secretary for the Meeting

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE EIGHT MONTHS ENDED AUGUST 31, 2016

		Current Month	2016 Year To Date	2015 Year To Date
	Receipts:			
	Employer Contributions	$1,487,124.26	$12,748,574.40	$11,403,725
	Less Reciprocals Paid Out	(148,005.01)	(773,001.76)	(178,834)
	Reciprocal Contributions	115,154.45	376,297.22	651,081
	Employee Contributions	1,100.00	13,829.33	39,935
	Retiree Self Payments	114,430.75	954,511.71	968,361
	COBRA Contributions	540.16	8,962.70	16,861
	Investment Income	77,798.44	385,197.79	325,621
	Realized Gains & Losses	(45,688.84)	(266,381.54)	(135,454)
	Interest & Liquidated Damages Revenue	0.00	0.00	0
	Medicare Part D Subsidy	0.00	0.00	0
	ERRP Subsidy	0.00	0.00	0
	Subrogation Proceeds	0.00	0.00	0
	Litigation Settlement Proceeds	0.00	0.00	0
		$1,602,454.21	$13,447,989.85	$13,091,296
Providers	**Disbursements:**			
	Medical Benefits	$600,948.40	$4,052,428.80	$3,933,111
	Transitional Reinsurrance Fees	$0.00	$49,071.00	$96,306
CareFirst BC/BS	Flexlink Fees	$4,862.17	$47,761.45	$34,086
Aetna	H. M. O.	407,968.91	3,299,971.26	3,162,028
Aetna	H. M. O. Rebate	0.00	0.00	(64,352)
Labor First	Labor First	200,765.74	1,599,032.54	1,588,397
OptumRx	Prescription Drugs	220,431.91	1,653,214.32	1,662,402
The Dental Network	Dental P. P. O.	5,724.60	44,906.56	42,437
NCAS	P. P. O.	4,432.08	34,384.69	33,063
Conifer	Utilization Reviews	1,772.00	22,679.64	32,096
Conifer	Health Management Fees	6,367.00	36,510.00	57,493
ASMED	Claims Repricing	27,891.77	38,927.54	31,262
		1,481,164.58	10,878,887.80	10,608,329
	Actuarial & Consulting	0.00	0.00	0
AA, LLC	Administration	22,235.39	183,609.27	183,781
WCS, CPA	Audit	3,157.00	14,976.55	11,760
	Audit - Hospital Admissions	0.00	0.00	0
IFEBP	Conference Expenses	4,271.58	10,946.07	13,989
NCCMP	Dues	0.00	875.00	1,320
Federal Ins. Co.	Fiduciary Liability Insurance	0.00	15,893.87	10,767
Zurich North America	Fidelity Bond	0.00	0.00	0
	HIPAA Compliance Fees	0.00	0.00	0
PNC/Chart/Columbia	Investment Manager Fees	16,216.83	41,374.31	29,317
IPS	Investment Performance Fees	0.00	18,750.00	12,500
US Treasury	I.R.S. Filing Fees	0.00	0.00	0
Abato, R & A	Legal Fees & Expenses	3,646.59	12,469.85	14,257
	Medical Consulting Fees	0.00	0.00	0
AA, LLC	Meeting Expenses	0.00	0.00	506
AA, LLC	Office Expenses	0.00	1,028.56	439
AA, LLC	Postage	0.00	2,054.17	933
Dept of Treasury	PCORI Fees	0.00	4,576.53	3,117
Schmitz Press	Printing Expenses	417.68	1,927.85	4,659
	Programming Expenses	0.00	0.00	442
Recip. Admin. Svcs.	UA Reciprocity Program	237.50	712.50	633
PNC & BoA	Bank Charges	169.92	1,431.04	1,449
	Trustee Fees - Eric Eckstein	0.00	3,150.00	3,900
	Anthony George	0.00	3,150.00	3,600
	Patricia Matusky	0.00	2,250.00	2,400
		50,352.49	319,175.57	299,769.00
	Total Disbursements	$1,531,517.07	$11,198,063.37	$10,908,098.00
	Increase (Decrease) In Cash	$70,937.14	$2,249,926.48	$2,183,198
	Balance - December 31, 2015		16,757,359.17	
	Balance - August 31, 2016		$19,007,285.65	
	CASH BALANCE CONSISTING OF:			
	Cash - Operating & Claims Checking Accounts		$742,535.45	
	Cash - Principal Cash Account		1,006,000.00	
	PNC Bank - Marketable Securities At Cost		17,258,750.20	
	Accounts Receivable		0.00	
	Less Loss of Time FICA Payable		0.00	
			$19,007,285.65	

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
SCHEDULES
FOR THE EIGHT MONTHS ENDED AUGUST 31, 2016

Investment Income:

Dividend Income	$0.00	$0.00
Interest Income	77,798.44	$385,197.79
	$77,798.44	$385,197.79
Realized Gains	(45,688.84)	(266,381.54)
	$32,109.60	$118,816.25

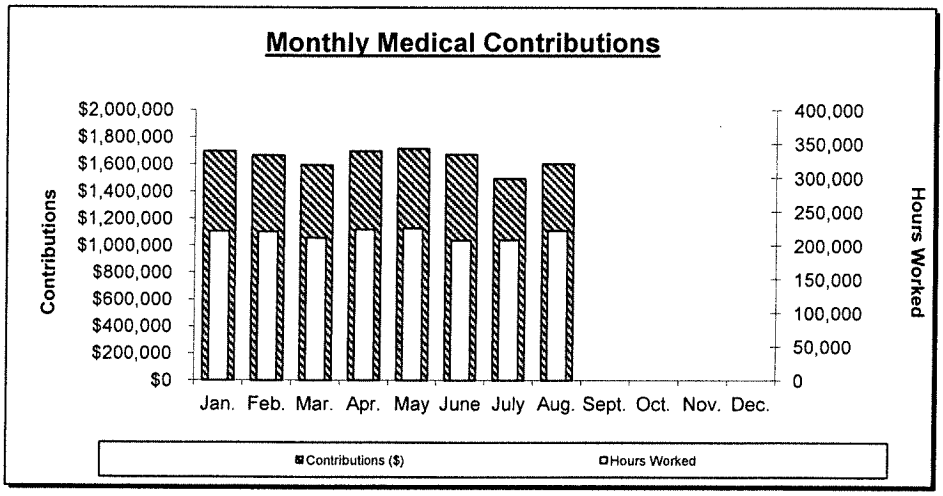
Market Value of Fund as of December 31, 2015	**$ 16,141,375.38**
Market Value of Fund as of **Aug 31, 2016**	18,873,527.31
Increase (Decrease) in Market Value of Fund	**2,732,151.93**
Less Net Income (Loss) on Cash Basis	2,249,926.48
Unrealized Gain or (Loss)	**$ 482,225.45**

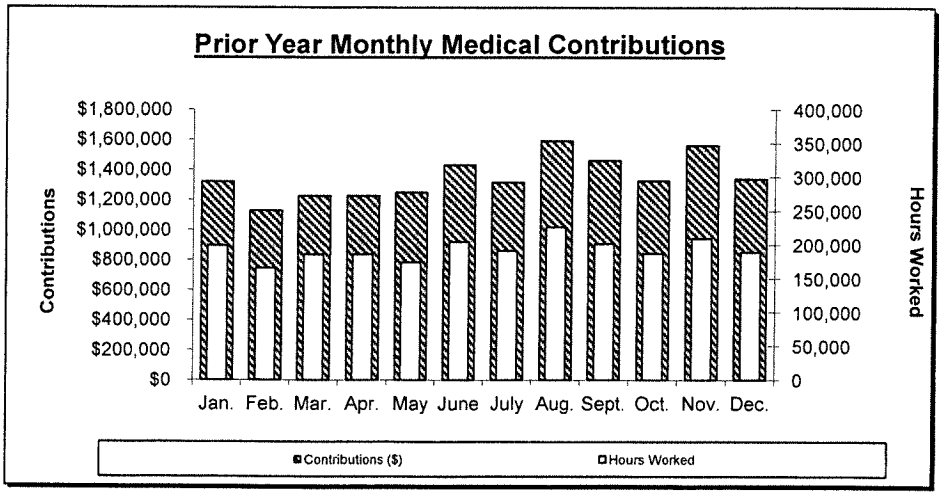
MONTHLY RESERVE CALCULATION

(A) Total Disbursements Previous 12 Months	**$ 16,455,554.12**
(B) Monthly Average (A) ÷ 12	**1,371,296.18**
(C) Adjust for 9% Inflation (B) x 1.09	**1,494,712.84**
(D) Current Assets at Cost	19,007,285.65
Total Months Reserve (D) ÷ (C)	**12.72**

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
SCHEDULES
FOR THE EIGHT MONTHS ENDED AUGUST 31, 2016

	Hours Worked		Employer Contributions	
	Curr. Month	Year To Date	Curr. Month	Year To Date
Employer Contributions:				
Nov. 2015 & Prior	0.00	27,514.94	$0.00	$191,003.32
Dec. 2015 Hours	0.00	220,033.05	$0.00	$1,694,262.93
Jan. 2016 Hours	0.00	211,276.32	$0.00	$1,597,693.27
Feb. 2016 Hours	0.00	217,385.44	$0.00	$1,648,354.43
Mar. 2016 Hours	0.00	252,775.14	$0.00	$1,882,039.53
Apr. 2016 Hours	18.00	210,072.13	$142.38	$1,647,468.31
May 2016 Hours	12,014.95	199,473.00	$92,672.54	$1,590,549.67
June 2016 Hours	15,760.30	206,770.60	$105,687.15	$1,482,452.85
July 2016 Hours	193,894.83	193,894.83	$1,404,876.64	$1,404,876.64
	221,688.08	1,739,195.45	$1,603,378.71	$13,138,700.95
Average Hours Per Month		217,399.43		
Projected Hours This Year		2,608,793.16		
Average Contribution Rates			$7.23259	$7.55447
Average Contributions Per Month				$1,642,337.62
Projected Contributions This Year				$19,708,051.44





PLUMBERS STEAMFITTERS LOCAL 486 MEDICAL FUND
BILLS AND DISBURSEMENTS TO BE APPROVED AND PAID
August 31, 2016

1.	Plumbers & Steamfitters Joint Funds			
	Administration @ 54% Plus Direct Costs - July 2016			$22,235.39
2.	Trustees Fee Checks - Trustees Meeting - August 31, 2016			
	Eric Eckstein @ $450.00			None
	Anthony George @ $450.00			None
	Patricia Matusky @ $450.00			None
3.	Plumbers & Steamfitters Local 486 Medical Fund			
	Transfer To PNC For Investment & Expenses - August 31, 2016			1,006,000.00
4.	Associated Administrators, LLC			
	Refreshments - August 31, 2016			None
5.	Aetna			
	Monthly Premium - August 2016	394	Families	395,564.07
6.	NCAS			
	BC/BS Network Management - August 2016	939	Families	4,432.08
7.	The Dental Network			
	Monthly Premium - August 2016	198	Families	5,724.60
8.	laborfirst			
	Monthly Premium - August 2016	576	Bodies	200,765.74
9.	Kaiser Permanente			
	Monthly Premium - August 2016	17	Families	12,404.84
10.	Conifer Value-Based Care, LLC			
	August 2016 Data Warehouse Reporting @ $1.00 PEPM			886.00
	August 2016 Medical Management - Utilization Review @$2.00			1,772.00
	July 2016 Medical Management Services - MRIOA - Adjustment			(13.50)
	July 2016 Medical Services - Medical Management			461.25
	July 2016 Case Mangmt. - Personal Health Mangmt. @$135.00			5,033.25
				8,139.00
11.	ASMED Health, LLC			
	Claims Repricing - Batch 350			12,769.85
	Claims Repricing - Batch 349			153.89
	Claims Repricing - Batch 348			14,968.03
				27,891.77
12.	Conference Expenses			
	S. Weissenberger - Air Fare - November 2016			382.96
	S. Weissenberger - Car Rental - November 2016			283.62
	S. Weissenberger - Hotel - November 2016			1,705.00
13.	International Foundation			
	J. Livingston - Conference Registration - Nov 2016			1,450.00
	J. Livingston - Hotel Deposit - Nov 2016			350.00
14.	Abato, Rubenstein And Abato, P.A.			
	Retainer Fee For Months Of July, Aug. & Sept., 2016			3,600.00
	Fees & Expenses For Months Of Apr., May & June, 2016			46.59
15.	Chartwell Investment Partners			
	Quarterly Management Fee - Apr., May and June, 2016			10,847.69

PLUMBERS STEAMFITTERS LOCAL 486 MEDICAL FUND
BILLS AND DISBURSEMENTS TO BE APPROVED AND PAID
August 31, 2016

16.	Columbia Partners, LLC. Investment Management	
	Quarterly Management Fee - April, May and June, 2015	2,334.57
17.	PNC Institutional Investments	
	Custody Fees - April, May & June 2016	3,034.57
18.	Schmitz Press	
	Postage SMM - July 2016	822.22
	Mailing SMM - July 2016	417.68
19.	Weyrich, Cronin & Sorra, LLC	
	Progress Billing Related To Audit - Dec. 31, 2015	900.00
	Progress Billing Related To Audit - Dec. 31, 2015	2,257.00
20.	Reciprocity Administration Services, Inc.	
	UARS Monthly Service Fee - July, August & September 2016	237.50
21.	Reciprocals - April, May and June 2016 & Prior	
	Plumbers & Pipefitters Local 5 Medical Fund	20,201.48
	Plumbers & Steamfitters Local 10 H & W Fund	6,367.55
	Plumbers & Steamfitters Local 13 H & W Fund	2,527.70
	Plumbers & Steamfitters Local 51 H & W Fund	483.00
	Plumbers & Steamfitters Local 58 H & W Fund	3,401.86
	Plumbers & Steamfitters Local 72 H & W Fund	3,268.30
	Plumbers & Steamfitters Local 100 H & W Fund	7,116.20
	Plumbers & Steamfitters Local 150 H & W Fund	4,863.46
	Plumbers & Steamfitters Local 155 H & W Fund	523.25
	Plumbers & Steamfitters Local 228 H & W Fund	3,401.72
	Plumbers & Steamfitters Local 420 H & W Fund	3,818.50
	Plumbers & Steamfitters Local 421 H & W Fund	11,914.01
	Southern California Pipe Trades local 460 H & W Fund	2,101.05
	Arizona Pipe Trades 469	6,868.33
	Plumbers & Steamfitters Local 489 H & W Fund	21,362.85
	Pipefitters Local Union 520 Health & Welfare Fund	1,449.00
	Heating, Piping & Refrigeration Welfare Fund Loc. 602	27,106.66
	Plumbers & Steamfitters Local 619 Medical Fund	4,783.80
	Plumbers & Steamfitters Local 716 Medical Fund	13,271.09
	Plumbers & Steamfitters Local 725 Medical Fund	483.00
	Plumbers & Steamfitters Local 803 Medical Fund	2,692.20
		148,005.01

Accounting for July 2016 Checks

Plumbers & Steamfitters Local 486 Medical Fund	
Transfer To PNC For Investment & Expenses - July 2016	850,000.00
Associated Administrators, LLC	
Refreshments - June 2016	None
Conifer Value-Based Care, LLC	
July 2016 Data Warehouse Reporting @ $1.00 PEPM	881.00
July 2016 Medical Management - Utilization Review @$2.00	1,762.00
June 2016 Medical Management Services - MRIOA - Adjustment	369.59
June 2016 Medical Services - Medical Management	481.50
June 2016 Case Mangmt. - Personal Health Mangmt. @$135.00	6,171.75
	9,665.84

PLUMBERS STEAMFITTERS LOCAL 486 MEDICAL FUND
BILLS AND DISBURSEMENTS TO BE APPROVED AND PAID
September 12, 2016

1.	Plumbers & Steamfitters Joint Funds			
	Administration @ 54% Plus Direct Costs - August 2016			$23,594.97
2.	Trustees Fee Checks - Trustees Meeting - September 12, 2016			
	Eric Eckstein @ $450.00			450.00
	Anthony George @ $450.00			450.00
	Patricia Matusky @ $450.00			450.00
3.	Plumbers & Steamfitters Local 486 Medical Fund			
	Transfer To PNC For Investment & Expenses - August 31, 2016			Blank
4.	Associated Administrators, LLC			
	Refreshments - August 31, 2016			Blank
5.	Aetna			
	Monthly Premium - September 2016	394	Families	402,413.25
6.	NCAS			
	BC/BS Network Management - September 2016		Families	Blank
7.	The Dental Network			
	Monthly Premium - September 2016	197	Families	5,668.20
8.	laborfirst			
	Monthly Premium - September 2016	578	Bodies	200,765.74
9.	Kaiser Permanente			
	Monthly Premium - September 2016	17	Families	13,481.66
10.	Conifer Value-Based Care, LLC			
	September 2016 Data Warehouse Reporting @ $1.00 PEPM			Blank
	September 2016 Medical Management - Utilization Review @$2.00			Blank
	August 2016 Medical Management Services - MRIOA - Adjustment			Blank
	August Medical Services - Medical Management			Blank
	August Case Mangmt. - Personal Health Mangmt. @$135.00			Blank
11.	ASMED Health, LLC			
	Claims Repricing - Batch 351			1,037.93
12.	Doyle Printing & Offset Co.			
	ID Card Holders - 2016			185.50

Accounting for July 2016 Checks

Plumbers & Steamfitters Local 486 Medical Fund	
Transfer To PNC For Investment & Expenses - July 2016	1,006,000.00
Associated Administrators, LLC	
Refreshments - June 2016	None
Conifer Value-Based Care, LLC	
July 2016 Data Warehouse Reporting @ $1.00 PEPM	886.00
July 2016 Medical Management - Utilization Review @$2.00	1,772.00
June 2016 Medical Management Services - MRIOA - Adjustment	(13.50)
June 2016 Medical Services - Medical Management	461.25
June 2016 Case Mangmt. - Personal Health Mangmt. @$135.00	5,033.25
	8,139.00

PLUMBERS & STEAMFITTERS LOCAL 486
M.C.A. of MD JOINT ADMINISTRATION
ADMINISTRATION CASH REPORT
FOR THE EIGHT MONTHS ENDED AUGUST 31, 2016

		Y T D Budget	Current Month	Year To Date	
Balance - January 1, 2016					$24,595.96
Receipts:					
Medical Fund	- 54%	$193,659	22,235.39	$180,217.20	
Pension Fund	- 19%	78,561	9,225.25	74,617.11	
Annuity Fund	- 20%	75,491	8,833.60	72,003.37	
Credit Union	- 1%	3,597	441.68	3,558.14	
Training Fund	- 4%	14,387	1,766.72	14,232.55	
Dues Fund	- 1%	3,597	441.68	3,558.14	
Industry Fund	- 1%	3,597	441.68	3,558.12	
		$372,889	$43,386		351,744.63
					$376,340.59
Expenses:					
Administration		$347,088	43,386.00	$347,088.00	
Audit		2,467	500.00	3,350.00	
Meeting Expenses		0	0.00	0.00	
Office		0	0.00	0.00	
Printing		2,067	0.00	469.37	
Postage		1,000	13.30	1,542.53	
Postage - Medical		8,800	456.42	4,666.83	
Rent		0	0.00	0.00	
Bank Service Charges		800	0.00	545.68	
Record Destruction		0	0.00	0.00	
Employer Audits		10,667	1,878.00	2,919.00	
Total Expenses		$372,889	$46,233.72	$360,581.41	
Interest Income		0	0.00	0.00	
Net Expenses		$372,889	$46,233.72		360,581.41
Balance - August 31, 2016					$15,759.18

UNAUDITED FINANCIAL REPORT

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
PRINCIPAL ACCOUNT ACTIVITY
PNC BANK ACCOUNT 6785876
JULY 31, 2016

Balance - June 30, 2016 $0.00

						Receipts
a.	7/1	Sales and Maturities	(cost	$656,759.71	)	$656,759.71
b.	7/1	Interest Income				230.53
c.	7/1	Cash Transferred From Fund Office				1,060,000.00
						$1,716,990.24

			Disbursements
a.	7/1	Purchases	$1,060,230.53
b.	7/8	Cash Transferred To Claims Checking Account	62,000.00
c.	7/8	Wire to CareFirst - Flexlink Claims	12,362.82
d.	7/8	Wire to Optum Rx	84,329.75
e.	7/15	Cash Transferred To Claims Checking Account	105,000.00
f.	7/15	Wire to CareFirst - Flexlink Claims	2,432.01
g.	7/22	Cash Transferred To Claims Checking Account	105,000.00
h.	7/22	Wire to Optum Rx	103,663.90
i.	7/22	Wire to CareFirst - Flexlink Admin (May)	3,895.38
j.	7/22	Wire to CareFirst - Flexlink Claims	9,223.95
k.	7/29	Cash Transferred To Claims Checking Account	153,000.00
l.	7/29	Wire to CareFirst - Flexlink Claims	15,851.90
			$1,716,990.24

Balance - July 31, 2016 $0.00

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
PRINCIPAL ACCOUNT ACTIVITY
PNC BANK ACCOUNT 6785876
AUGUST 31, 2016

Balance - July 31, 2016 $0.00

					Receipts
a.	8/1	Sales and Maturities	(cost	$700,949.78)	$700,949.78
b.	8/1	Interest Income			294.31
c.	8/1	Cash Transferred From Fund Office			850,000.00
					$1,551,244.09

			Disbursements
a.	8/1	Purchases	$648,445.43
b.	8/5	Cash Transferred To Claims Checking Account	186,000.00
c.	8/5	Wire to CareFirst - Flexlink Claims	15,848.88
d.	8/12	Wire to Optum Rx	99,118.28
e.	8/12	Cash Transferred To Claims Checking Account	87,000.00
f.	8/12	Wire to CareFirst - Flexlink Claims	34,490.60
g.	8/19	Cash Transferred To Claims Checking Account	66,000.00
h.	8/19	Wire to Optum Rx	162,480.58
i.	8/19	Wire to CareFirst - Flexlink Claims	14,704.51
j.	8/24	Wire to CareFirst - Flexlink Claims	25,904.56
k.	8/25	Cash Transferred To Claims Checking Account	208,000.00
l.	8/26	Wire to CareFirst - Flexlink Admin	3,251.25
			$1,551,244.09

Balance - August 31, 2016 $0.00

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CLAIMS ANALYSIS REPORT
FOR THE EIGHT MONTHS ENDED AUGUST 31, 2016

CLAIMS ANALYSIS

Description	Current Month	2016 - Year To Date $	%	2015 Year To Date	2015	%
Hospital	$166,088.42	$928,417.18	23.11%	$919,100.05	$1,378,650.08	23.30%
Out-patient Hosp.	79,355.36	620,910.49	15.45%	632,195.79	948,293.68	16.03%
Medicare	0.00	953.14	0.02%	5,754.65	8,631.98	0.15%
Lab & X-ray	58,344.17	437,309.40	10.88%	467,151.87	700,727.81	11.84%
Office Visit	57,786.34	454,674.28	11.32%	459,423.38	689,135.07	11.65%
Surgery	47,672.56	354,922.29	8.83%	385,202.68	577,804.02	9.77%
Alcohol Abuse	250.00	21,009.84	0.52%	14,558.81	21,838.21	0.37%
Drug Abuse	52,566.82	194,919.62	4.85%	159,399.56	239,099.34	4.04%
Mental & Nervous	37,496.72	125,130.57	3.11%	109,725.03	164,587.55	2.78%
Flex	0.00	0.00	0.00%	0.00	0.00	0.00%
Dental	29,493.35	304,457.19	7.58%	300,799.07	451,198.61	7.63%
Major Medical	43,025.24	252,097.66	6.27%	155,959.88	233,939.82	3.95%
Sudden & Serious	41,474.82	199,304.46	4.96%	230,542.19	345,813.28	5.84%
Accident	5,825.84	19,652.01	0.49%	20,039.99	30,059.98	0.51%
Immunizations	5,295.66	44,061.73	1.10%	49,667.03	74,500.54	1.26%
Catastrophic RX Reimb.	0.00	968.50	0.02%	339.67	509.50	%
Loss Of Time	4,798.13	59,237.75	1.47%	34,739.61	52,109.41	0.88%
	$629,473.43	$4,018,026.11	100.00%	$3,944,599.26	$5,916,898.88	100.00%

RETIREES

15:12:03 Sep 07 2016 C L A I M A N T U S A G E R E P O R T PAGE - 33

F A M I L Y C L A I M A N T S U M M A R Y

Summary Range		# Claimants	% T	Dollars Pd.	% T	% GT	Claim Cnt	AvgCost/ Claimant	FamilyCnt	AvgCost/ Family	Family %
100000.00 PLUS			0.0000		0.0000	1.0000		0.00		0.00	0.00%
50000.00 TO	99999.99	3	0.0080	154071.30	0.2796	1.0000	70	51357.10	2	77035.65	0.74%
20000.00 TO	49999.99	6	0.0160	123180.80	0.2235	0.7203	145	20530.13	4	30795.20	1.48%
15000.00 TO	19999.99	4	0.0106	35415.87	0.0642	0.4967	53	8853.97	2	17707.94	0.74%
10000.00 TO	14999.99	5	0.0133	34351.10	0.0623	0.4324	112	6870.22	3	11450.37	1.11%
5000.00 TO	9999.99	12	0.0320	54733.95	0.0993	0.3700	258	4561.16	7	7819.14	2.59%
2500.00 TO	4999.99	24	0.0641	49232.55	0.0893	0.2707	334	2051.36	13	3787.12	4.81%
1000.00 TO	2499.99	52	0.1390	47447.41	0.0861	0.1813	379	912.45	31	1530.56	11.48%
500.00 TO	999.99	52	0.1390	23738.72	0.0430	0.0952	204	456.51	34	698.20	12.59%
10.00 TO	499.99	185	0.4946	28733.97	0.0521	0.0521	404	155.32	144	199.54	53.33%
0.00 TO	9.99	31	0.0828	0.00	0.0000	0.0000	102	0.00	30	0.00	11.11%
		374		550905.67			2061	1473.01	270	2040.39	100.00%
UNDER 0.00								0.00		0.00	0.00%
		374		550905.67			2061	1473.01	270	2040.39	100.00%

TOTAL

15:12:21 Sep 07 2016 C L A I M A N T U S A G E R E P O R T PAGE - 148

F A M I L Y C L A I M A N T S U M M A R Y

Summary Range		# Claimants	% T	Dollars Pd.	% T	% GT	Claim Cnt	AvgCost/ Claimant	FamilyCnt	AvgCost/ Family	Family %
100000.00 PLUS		6	0.0025	215897.88	0.0513	1.0000	253	35982.98	2	107948.94	0.16%
50000.00 TO	99999.99	30	0.0127	1044198.88	0.2483	0.9486	826	34806.63	14	74585.63	1.17%
20000.00 TO	49999.99	68	0.0289	917398.37	0.2181	0.7003	1562	13491.15	30	30579.95	2.51%
15000.00 TO	19999.99	65	0.0276	353361.20	0.0840	0.4821	935	5436.33	21	16826.72	1.75%
10000.00 TO	14999.99	64	0.0272	278677.98	0.0662	0.3981	1150	4354.34	23	12116.43	1.92%
5000.00 TO	9999.99	213	0.0906	488007.15	0.1160	0.3318	2381	2291.11	70	6971.53	5.85%
2500.00 TO	4999.99	297	0.1264	388389.43	0.0923	0.2158	3215	1307.71	110	3530.81	9.20%
1000.00 TO	2499.99	489	0.2081	321980.03	0.0765	0.1234	3029	658.45	205	1570.63	17.15%
500.00 TO	999.99	304	0.1294	107066.09	0.0254	0.0468	1141	352.19	150	713.77	12.55%
10.00 TO	499.99	678	0.2886	90148.55	0.0214	0.0214	1619	132.96	444	203.04	37.15%
0.00 TO	9.99	135	0.0574	3.09	0.0000	0.0000	403	0.02	126	0.02	10.54%
		2349		4205128.65			16514	1790.18	1195	3518.94	100.00%
UNDER 0.00								0.00		0.00	0.00%
		2349		4205128.65			16514	1790.18	1195	3518.94	100.00%

PLUMBERS' AND STEAMFITTERS' LOCAL 486 MEDICAL FUND
HIGH COST MEDICAL CLAIMS
September 12, 2016
CLAIMS PROCESSED FROM JULY 1, 2016 TO JULY 31, 2016

DIAGNOSIS		AMOUNT
OPIOID DEPENDENCE/MYOCARDIAL INFARCTION		$87,420.00
CERVICAL DISC DEGENATION		42,366.85
LYMPHOMA		32,193.84
CYSTITIS		24,102.14
ACHALASIA CARDIA		23,717.77
THYMUS CANCER		18,660.96
SPONDYLOLYSIS		14,343.97
DIVERTICULITIS		9,860.70
CELLULITIS		8,850.29
TORN ACL		7,829.78
GALLBLADDER REMOVAL		7,031.50
UTERINE CANCER		6,345.30
	Total	**$282,723.10**

PLUMBERS' AND STEAMFITTERS' LOCAL 486 MEDICAL FUND
HIGH COST MEDICAL CLAIMS
September 12, 2016
CLAIMS PROCESSED FROM AUGUST 1, 2016 TO AUGUST 31, 2016

DIAGNOSIS		AMOUNT
NONRHEUMATIC AORTIC VALVE INSUFFICENCY		$77,617.88
OPIOID DEPENDENCE/ GALLBLADDER REMOVAL		58,163.74
UTERINE CANCER		57,715.25
PLEURAL EFFUSION		29,335.25
ATHEROSCLEROSIS		29,178.95
STOMACH CANCER		24,930.49
LYMPHOMA		23,539.87
CONCUSSION/TORN MENISCUS		22,011.26
DIVERTICULITIS		21,541.19
KNEE REPLACEMENT		17,114.78
RHEUMATOID ARTHRITIS		15,852.95
SCHIZOPHRENIA		15,452.01
ORCHITIS		15,173.48
BIPOLAR DISORDER		15,013.88
CYSTOCELE		13,186.56
CONCUSSION		9,352.75
CHRONIC OBSTRUCTIVE PULMONARY DISEASE		9,118.77
BIPOLAR DISORDER		8,677.75
FEMORAL NERVE LESION		8,398.45
CESAREAN DELIVERY		8,266.17
APPENDICITIS		7,434.72
CROHN'S DISEASE		6,200.07
HAMMER TOE		5,182.37
	Total	**$498,458.59**

PLUMBERS & STEAMFITTERS LOCAL486 MEDICAL FUND
ELIGIBILITY REPORT

	Jul 1, 2016			Apr 1, 2016			Jan 1, 2016			Oct 1, 2015		
	BB	Mbrs		BB	Mbrs		BB	Mbrs		BB	Mbrs	
486AP 1st Year Apprentices	47	38		43	32		36	27		11	9	
486HMO HMO's	1,248	398		1,255	399		1,262	399		1,199	372	
486MCR Retired Medicare Retirees	515	333		511	333		508	331		500	326	
486MCR Survivor Medicare Survivors	80	80		82	82		90	90		87	87	
486ME Self Insured	1,898	785		1,905	786		1,906	784		1,900	778	
486PNRP Pensioner not on Medicare	132	52		133	51		128	48		137	54	
486SURP Survivors not on Medicare	7	5		5	2		7	4		10	7	
486TM Tool & Material Handlers	14	14		15	15		17	17		17	17	
Total	3,941	1,705		3,949	1,700		3,954	1,700		3,861	1,650	
Self Insured	2,098	894	52%	2,101	886	52%	2,094	880	52%	2,075	865	52%
HMO's	1,248	398	23%	1,255	399	23%	1,262	399	23%	1,199	372	23%
Labor First	595	413	24%	593	415	24%	598	421	25%	587	413	25%
Total	3,941	1,705	99%	3,949	1,700	99%	3,954	1,700	100%	3,861	1,650	100%

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
DELINQUENT CONTRACTORS
AS OF AUGUST 31, 2016

Delinquent Contractors:	Work Month	Amount	Date Received
1. Capitol Refrigeration Inc	Jul-16		
2. CBI Services LLC	Jun-16		
CBI Services LLC	Jul-16		
3. Excel Mechanical Contractors	Jul-16		9/6/2016
4. James P. Kruger & Assoc	Jul-16		
5. LPC Services Inc	May-16		
LPC Services Inc	Jun-16		
LPC Services Inc	Jul-16		
6. M&E Sales, Inc.	Nov-15		Agreement
7. South Mountain Mechanical	May-16		9/6/2016
South Mountain Mechanical	Jun-16		
South Mountain Mechanical	Jul-16		
8. Statewide Mechanical	Jul-16		
9. Stone Services, Inc.	May-15		Agreement
Stone Services, Inc.	May-16		
Stone Services, Inc.	Jun-16		
Stone Services, Inc.	Jul-16		
10. Triad Mechanical Services	Jul-16		9/6/2016

Plumbers & Steamfitters Local 486
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(888) 494-4443
www.associated-admin.com

APPLICATION FOR RETIREMENT PENSION

NAME: Richard (First) David (Middle) Goodman (Last)

ADDRESS: 3300 Diablo Trail

El Dorado Hills (CITY) CA (STATE) 95762-6642 (ZIP CODE)

SOCIAL SECURITY NO ___ ___ - ___ ___ - 6174 PHONE NO. 916-995-5773

DATE OF BIRTH 12-09-1948 (Copy of Birth Certificate Required)

INITIATION DATE 07-17-1996

DATE I STARTED WORK UNDER 486's JURISDICTION 1996

DATE I STOPPED WORK UNDER 486's JURISDICTION 4-7-2016

MARITAL STATUS: ☒ Married ☐ Widowed ☐ Never Been Married ☐ Separated ☐ Divorced- If divorced or separated, is there any judgment or order that required the Plan to pay benefits to an Alternate Payee pursuant to a Domestic Relations Order? ☐ No ☐ Yes- If so, include a copy of the document.

SPOUSE'S NAME Janice Rene Work

SPOUSE'S DATE OF BIRTH 08 (Month) 22 (Day) 1944 (Year) (Copy of Birth Certificate Required)

I CERTIFY THAT I WILL ***RETIRE AND PERMANENTLY WITHDRAW*** from employment in the Plumbers & Steamfitters Industry within the State of Maryland and any intersecting metropolitan areas on the 1st day of 7 April 20 16

04-07-2016 Date

R Q Goodman Signature of Applicant

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN SPACES BELOW

THE TRUSTEES OF THE PLUMBERS & STEAMFITTERS LOCAL 486 PENSION FUND APPROVE FOR RETIREMENT THE ABOVE PARTICIPANT AT A MONTHLY PENSION OF $ 632.00 PER MONTH & LUMP SUM OF $ 16,986.31 STARTING ON THE FIRST DAY OF September 20 16

Normal Age 67

APPROVAL DATE: 8/25/2016

CHAIRMAN: [signature]

SECRETARY: [signature]

NOT ELIG FOR MEDICAL

9/12/2016

AA LL

JUN 27 2016

9/1/16 DOZ

Plumbers & Steamfitters Local 486
Pension Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (888) 494-4443
www.associated-admin.com

APPLICATION FOR PRE-RETIREMENT SURVIVOR BENEFIT

(SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A BENEFIT)

NAME OF PARTICIPANT: Joseph Todd Hambruch

SS# OF PARTICIPANT ---6650

PARTICIPANT'S DATE OF DEATH: 9 12 15

BENEFICIARY INFORMATION:

1. **Name (Last, First, Middle):** Hambruch Deborah Ann
2. **Social Security Number:** ---6098
3. **Home Telephone #:** 410 360 2600
4. **Home Address (# and Street):** 8352 Schmidts La Apt 1
5. **City, Town or Post Office:** Pasadena
6. **State and 9-Digit Zip Code:** Maryland 21122
7. **Birth Date (Mo/Day/Yr):** 4. 18. 58

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees have the right to recover payments made to me as a result of false statements.

Deborah A Hambruch — 10 5 15

Signature of Beneficiary — **Date**

Subscribed and sworn before me this 5th day of October 2015.

Kelly Cashen

Notary Public Signature (seal)

My commission expires: 9/14/2016

KELLY CASHEN NOTARY PUBLIC ANNE ARUNDEL CO. STATE OF MD

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN SPACES BELOW

THE TRUSTEES OF THE PLUMBERS & STEAMFITTERS LOCAL 486 PENSION FUND APPROVE FOR RETIREMENT THE ABOVE PARTICIPANT AT A MONTHLY PENSION OF $373.00 PER MONTH STARTING ON THE FIRST DAY OF THE MONTH October, 20 15

APPROVAL DATE: 7/28/2016

CHAIRMAN: Mark Gahrman

SECRETARY:

Medical Not Elig

AA LLC
OCT 15 2015

9/12/2016

Plumbers & Steamfitters Local 486
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(888) 494-4443
www.associated-admin.com

APPLICATION FOR RETIREMENT PENSION

NAME: THOMAS (First) WAYNE (Middle) HENDRICKS (Last)

ADDRESS: 3177 MAIN ST

FREDERICA (CITY) DE (STATE) 19946 (ZIP CODE)

SOCIAL SECURITY NO. ___-___-7908 PHONE NO. 302 242 6027

DATE OF BIRTH APRIL 5, 1954 (Copy of Birth Certificate Required)

INITIATION DATE 10-09-1990

DATE I STOPPED WORK UNDER 486's JURISDICTION _____

CHECK ONE: _____ PLUMBER ✓ STEAMFITTER

MARITAL STATUS: ☐ Married ☐ Widowed ☒ Never Been Married ☐ Separated ☐ Divorced- If divorced or separated, is there any judgment or order that required the Plan to pay benefits to an Alternate Payee pursuant to a Domestic Relations Order? ☐ No ☐ Yes- If so, include a copy of the document.

SPOUSE'S NAME _____

SPOUSE'S DATE OF BIRTH _____ (Copy of Birth Certificate Required)
(Month) (Day) (Year)

I CERTIFY THAT I WILL ***RETIRE AND PERMANENTLY WITHDRAW*** from employment in the Plumbers & Steamfitters Industry within the State of Maryland and any intersecting metropolitan areas on the 1st day of SEPT 20 16.

6-21-16 Thomas Hendricks
Date Signature of Applicant

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THE TRUSTEES OF THE PLUMBERS & STEAMFITTERS LOCAL 486 PENSION FUND APPROVE FOR RETIREMENT THE ABOVE PARTICIPANT AT A MONTHLY PENSION OF $ 1772 .00 PER MONTH & LUMP SUM OF $ ——— STARTING ON THE FIRST DAY OF September, 20 16.

NORMAL AGE 62
NOTELIG FOR MEDICAL

APPROVAL DATE: 8/25/2016
CHAIRMAN: Mark Jochman
SECRETARY: _____ 9/2/2016

9/1/16 DOR
JUN 27 2016
AA LLC

Plumbers & Steamfitters Local 486
Medical Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

APPLICATION FOR RETIREMENT STATUS – MEDICAL FUND

Stephen F Lowe Sr — Name (First, Middle initial, Last)

[illegible]-1621 — Social Security Number

8269 Bodkin Ave — Address

Pasadena — City

Md. — State

21122 — Zip Code

11/27/1954 — Date of Birth (mm/dd/yyyy)

410 [illegible]37 4529 — Phone Number

06/12/1973 — Date of Initiation (mm/dd/yyyy)

Marital Status: ☑ Married ☐ Widowed ☐ Never been married ☐ Separated ☐ Divorced

Date of Marriage 05/07/1977

Coverage Desired: ☐ Individual ☐ Parent-Child ☐ Family ☑ Husband-Wife ☐ Waive Coverage

List All Eligible Dependents:

elationship	Name	Social Security Number	Date of Birth (mm/dd/yyyy)
Wife	Deanna L Lowe		01/15/1957

Name of any other health insurance with which you or your dependents have as other coverage, including Medicare:

Name	Policy Number	Name of Insurance	Policy Holder's Name

IF ANYONE HAS MEDICARE, PLEASE SEND A COPY OF MEDICARE CARD(S).

I certify that the above persons listed as dependents are my wife and/or children and that I will retire and permanently withdraw from active employment under the Plumbers & Steamfitters industry within the State of Maryland and any intersecting metropolitan areas on the 29 day of July 2016.

Stephen Lowe Sr — Signature

02/23/16 — Date

For Office Use Only – Please Do Not Write in Spaces Below

etirement Effective Date: 8/1/2016 Type of Retirement: Service Age: 61+43=104

Approved for Retirement Status: ☑ Normal ☐ Disability S

EFF 6/1/2017 2x38860

Chiarman _____ Date 9/12/2016

FEB [illegible]

AA LLC

Plumbers & Steamfitters Local 486
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(888) 494-4443
www.associated-admin.com

APPLICATION FOR RETIREMENT PENSION

NAME: David (First) Russell (Middle) Pusey Jr. (Last)

ADDRESS: 14993 Trap Pond Road

Laurel (CITY) Delaware (STATE) 19956 (ZIP CODE)

SOCIAL SECURITY NO ___-___-8178 PHONE NO. 302-875-5807

DATE OF BIRTH November 9, 1954 (Copy of Birth Certificate Required)

INITIATION DATE August 13, 1974

DATE I STARTED WORK UNDER 486's JURISDICTION August 13, 1974

DATE I STOPPED WORK UNDER 486's JURISDICTION April 29, 2016

5/1/16 DOR

RECEIVED FEB 16 2016 AMLLC

MARITAL STATUS: ☒ Married ☐ Widowed ☐ Never Been Married ☐ Separated ☐ Divorced- If divorced or separated, is there any judgment or order that required the Plan to pay benefits to an Alternate Payee pursuant to a Domestic Relations Order? ☐ No ☐ Yes- If so, include a copy of the document.

SPOUSE'S NAME Polly C. Pusey

SPOUSE'S DATE OF BIRTH July 30, 1956 (Month) (Day) (Year) (Copy of Birth Certificate Required)

I CERTIFY THAT I WILL ***RETIRE AND PERMANENTLY WITHDRAW*** from employment in the Plumbers & Steamfitters Industry within the State of Maryland and any intersecting metropolitan areas on the 1st day of May 20 16.

Feb. 7, 2016 Date

David R Pusey Jr Signature of Applicant

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THE TRUSTEES OF THE PLUMBERS & STEAMFITTERS LOCAL 486 PENSION FUND APPROVE FOR RETIREMENT THE ABOVE PARTICIPANT AT A MONTHLY PENSION OF $ 2429 .00 PER MONTH & LUMP SUM OF $ ___ STARTING ON THE FIRST DAY OF May, 20 16. Early Age 61

APPROVAL DATE: 07-28-2016

CHAIRMAN: Mark Graham

SECRETARY: _____

MEDICAL NOT ELIC

23 9/12/2016

Plumbers & Steamfitters Local 486
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(888) 494-4443
www.associated-admin.com

APPLICATION FOR RETIREMENT PENSION

NAME: Ronald (First) Eugene (Middle) Riley (Last)

ADDRESS: 89 Belden Rd

Hamden (CITY) CT (STATE) 06514 (ZIP CODE)

SOCIAL SECURITY NO __ _____ - __ _____ - 8738 PHONE NO. 203-415-2435

DATE OF BIRTH 07-22-54 (Copy of Birth Certificate Required)

INITIATION DATE 1978

D I STARTED WORK UNDER 486's JURISDICTION July 1978

DATE I STOPPED WORK UNDER 486's JURISDICTION 1998

MARITAL STATUS: [X] Married [ ] Widowed [ ] Never Been Married [ ] Separated [ ] Divorced- If divorced or separated, is there any judgment or order that required the Plan to pay benefits to an Alternate Payee pursuant to a Domestic Relations Order? [ ] No [ ] Yes- If so, include a copy of the document.

SPOUSE'S NAME Dorothea H. Riley

SPOUSE'S DATE OF BIRTH 01-11-57 (Copy of Birth Certificate Required)
(Month) (Day) (Year)

I CERTIFY THAT I WILL ***RETIRE AND PERMANENTLY WITHDRAW*** from employment in the Plumbers & Steamfitters Industry within the State of Maryland and any intersecting metropolitan areas on the 1st day of May 1 20 16.

4-30-2016 Ronald Eugene Riley
Date Signature of Applicant

8/1/16 DOZ

RECEIVED MAY 09 2016 CTLAC

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THE TRUSTEES OF THE PLUMBERS & STEAMFITTERS LOCAL 486 PENSION FUND APPROVE FOR RETIREMENT THE ABOVE PARTICIPANT AT A MONTHLY PENSION OF $ 1050 .00 PER MONTH & LUMP SUM OF $ — STARTING ON THE FIRST DAY OF August, 20 16. NORMAL AGE 62

MEDICAL NOT ELIG

APPROVAL DATE: 07-28-2016

CHAIRMAN: Mark Gahmar

SECRETARY:

9/12/2016

Plumbers & Steamfitters Local 486
Medical Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

APPLICATION FOR RETIREMENT STATUS – MEDICAL FUND

CRAIG I. SILVER —)-56

Name (First, Middle initial, Last) — **Social Security Number**

3801 MARRIOTTSVILLE RD, RANDALLSTOWN, MD 21133

Address — **City** — **State** — **Zip Code**

11/20/1955 — 410-440-3182 —

Date of Birth (mm/dd/yyyy) — **Phone Number** — **Date of Initiation (mm/dd/yyyy)**

Marital Status: ☑ Married ☐ Widowed ☐ Never been married ☐ Separated ☐ Divorced

Date of Marriage 06/09/1990

Coverage Desired: ☐ Individual ☐ Parent-Child ☐ Family ☑ Husband-Wife ☐ Waive Coverage

List All Eligible Dependents:

Relationship	Name	Social Security Number	Date of Birth (mm/dd/yyyy)
WIFE	JANICE MARIE SILVER	-6	02/16/1961

Name of any other health insurance with which you or your dependents have as other coverage, including Medicare:

Name	Policy Number	Name of Insurance	Policy Holder's Name

IF ANYONE HAS MEDICARE, PLEASE SEND A COPY OF MEDICARE CARD(S).

I certify that the above persons listed as dependents are my wife and/or children and that I will retire and permanently withdraw from active employment under the Plumbers & Steamfitters industry within the State of Maryland and any intersecting metropolitan areas on the 1 day of Sept 2016.

Craig Silver — 6-14-16

Signature — Date

For Office Use Only – Please Do Not Write in Spaces Below

Retirement Effective Date: 9/1/2016 Type of Retirement: SERVICE Age: 60 +33=93

Approved for Retirement Status: ☑ Service ☐ Disability

Chiarman _____ Date 9/12/2016

EFF 3/1/2017 JUN 14 2016 2X430.13

AA LLC

Plumbers & Steamfitters Local 486
Medical Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

APPLICATION FOR RETIREMENT STATUS – MEDICAL FUND

ROBERT BODNAR SPALDING — Name (First, Middle initial, Last)

6-2865 — Social Security Number

1615 HENRY WAY — Address

FOREST HILL — City

MD — State

21050 — Zip Code

10/12/1951 — Date of Birth (mm/dd/yyyy)

(CELL) 443-250-5605 — Phone Number

03/09/1976 — Date of Initiation (mm/dd/yyyy)

Marital Status: ☒ Married ☐ Widowed ☐ Never been married ☐ Separated ☐ Divorced

Date of Marriage JUNE 23RD 1974

Coverage Desired: ☐ Individual ☐ Parent-Child ☐ Family ☒ Husband-Wife ☐ Waive Coverage

List All Eligible Dependents:

Relationship	Name	Social Security Number	Date of Birth (mm/dd/yyyy)
WIFE	BRENDA GAIL SPALDING		05/28/1953

Name of any other health insurance with which you or your dependents have as other coverage, including Medicare:

Name	Policy Number	Name of Insurance	Policy Holder's Name

IF ANYONE HAS MEDICARE, PLEASE SEND A COPY OF MEDICARE CARD(S).

I certify that the above persons listed as dependents are my wife and/or children and that I will retire and permanently withdraw from active employment under the Plumbers & Steamfitters industry within the State of Maryland and any intersecting metropolitan areas on the 31ST day of JULY 20 16

Robert B. Spalding — Signature

6/3/16 — Date

MAY 09 2016

For Office Use Only – Please Do Not Write in Spaces Below AA LLC

Retirement Effective Date: 8/1/2016 Type of Retirement: Normal Age: 64 + 41 = 105

Approved for Retirement Status: ☒ Normal ☐ Disability EFF 3/1/2017 2 K 36868

Chiarman _____ Date 9/12/2016

OK

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
ELECTION FORM FOR WIDOWS MEDICAL COVERAGE

Please check the appropriate box.

A ☑ I want to be covered by the Plumbers & Steamfitters Local 486 Medical Fund and agree to have the monthly premium deducted from my monthly pension check. I understand that I may revoke this direction at any time by written communication to you.

B ☐ I want to be covered by the Plumbers & Steamfitters Local 486 Medical Fund but do not want to have the monthly premium deducted from my monthly pension check. I understand that I must pay the premium in quarterly installments in advance. I also understand that if a payment is not timely made I will loose the right to self pay and therefore lose the coverage for life.

C ☐ I want to be covered by the Plumbers & Steamfitters Local 486 Medical Fund, but wish to sign a waiver at this time, as I will have medical coverage through my employment. I understand that at such time that my coverage may end, I will have the right to revoke the waiver and resume the medical coverage with the Medical Fund.

D ☐ I do not wish to be covered by the Plumbers & Steamfitters Local 486 Medical Fund. I understand that I am rejecting coverage and will never again be eligible for benefits from the Medical Fund.

Linda M. Giziński — July 20, 1948
Widow's Name — Date of Birth

595 Gaither Rd. Sykesville, MD 21784 — -9315
Widow's Address — Social Security #

Linda Giziński — 7/3/16
Widow's Signature — Date

Margaret A Barrett — 7-3-16
Signature of Witness — Date

MEDLET5

JUL 08 2016 AALLC

OK
480 MCR

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
ELECTION FORM FOR WIDOWS MEDICAL COVERAGE

Please check the appropriate box.

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D ☐ I do not wish to be covered by the Plumbers & Steamfitters Local 486 Medical Fund. I understand that I am rejecting coverage and will never again be eligible for benefits from the Medical Fund.

Gail Linda Bailey 02-18-1949
Widow's Name Date of Birth

11 Wooden Bridge Court Reisterstown Maryland 21136
Widow's Address Social Security # 0

Gail Linda Bailey 07-12-2016
Widow's Signature Date

Tonya A. Hyder 7-13-2016
Signature of Witness Date

MEDLET5

AA LLC
JUL 19 2016

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE SEVEN MONTHS ENDED JULY 31, 2016

		Current Month	2016 Year To Date	2015 Year To Date
	Receipts:			
	Employer Contributions	$1,448,479.18	$11,261,450.14	$9,978,259
	Less Reciprocals Paid Out	0.00	(624,996.75)	(156,479)
	Reciprocal Contributions	43,080.47	261,142.77	569,696
	Employee Contributions	2,750.00	12,729.33	34,943
	Retiree Self Payments	119,400.05	840,080.96	847,316
	COBRA Contributions	1,203.22	8,422.54	14,754
	Investment Income	33,460.96	307,399.35	284,918
	Realized Gains & Losses	(13,142.48)	(220,692.70)	(118,523)
	Interest & Liquidated Damages Revenue	0.00	0.00	0
	Medicare Part D Subsidy	0.00	0.00	0
	ERRP Subsidy	0.00	0.00	0
	Subrogation Proceeds	0.00	0.00	0
	Litigation Settlement Proceeds	0.00	0.00	0
		$1,635,231.40	$11,845,535.64	$11,454,884
Providers	**Disbursements:**			
	Medical Benefits	$474,140.94	$3,451,480.40	$3,441,472
	Transitional Reinsurrance Fees	$0.00	$49,071.00	$84,268
CareFirst BC/BS	Flexlink Fees	$4,954.64	$42,899.28	$29,825
Aetna	H. M. O.	418,627.40	2,892,002.35	2,766,774
Aetna	H. M. O. Rebate	0.00	0.00	(56,308)
Labor First	Labor First	194,849.74	1,398,266.80	1,389,848
OptumRx	Prescription Drugs	187,993.65	1,432,782.41	1,454,602
The Dental Network	Dental P. P. O.	5,470.80	39,181.96	37,132
NCAS	P. P. O.	4,394.32	29,952.61	28,930
Conifer	Utilization Reviews	9,665.64	20,907.64	28,084
Conifer	Health Management Fees	0.00	30,143.00	50,307
ASMED	Claims Repricing	7,942.04	11,035.77	27,354
		1,308,039.17	9,397,723.22	9,282,288
	Actuarial & Consulting	0.00	0.00	0
AA, LLC	Administration	24,544.02	161,373.88	160,809
WCS, CPA	Audit	1,250.00	11,819.55	10,290
	Audit - Hospital Admissions	0.00	0.00	0
IFEBP	Conference Expenses	0.00	6,674.49	12,240
NCCMP	Dues	875.00	875.00	1,155
Federal Ins. Co.	Fiduciary Liability Insurance	0.00	15,893.87	9,421
Zurich North America	Fidelity Bond	0.00	0.00	0
	HIPAA Compliance Fees	0.00	0.00	0
PNC/Chart/Columbia	Investment Manager Fees	0.00	25,157.48	25,652
IPS	Investment Performance Fees	6,250.00	18,750.00	10,938
US Treasury	I.R.S. Filing Fees	0.00	0.00	0
Abato, R & A	Legal Fees & Expenses	0.00	8,823.26	12,475
	Medical Consulting Fees	0.00	0.00	0
AA, LLC	Meeting Expenses	0.00	0.00	443
AA, LLC	Office Expenses	0.00	1,028.56	384
AA, LLC	Postage	822.22	2,054.17	816
Dept of Treasury	PCORI Fees	4,576.53	4,576.53	2,728
Schmitz Press	Printing Expenses	0.00	1,510.17	4,077
	Programming Expenses	0.00	0.00	387
Recip. Admin. Svcs.	UA Reciprocity Program	0.00	475.00	554
PNC & BoA	Bank Charges	218.24	1,261.12	1,268
	Trustee Fees - Eric Eckstein	450.00	3,150.00	3,413
	Anthony George	450.00	3,150.00	3,150
	Patricia Matusky	450.00	2,250.00	2,100
		39,886.01	268,823.08	262,300.00
	Total Disbursements	$1,347,925.18	$9,666,546.30	$9,544,588.00
	Increase (Decrease) In Cash	$287,306.22	$2,178,989.34	$1,910,296
	Balance - December 31, 2015		16,757,359.17	
	Balance - July 31, 2016		$18,936,348.51	
	CASH BALANCE CONSISTING OF:			
	Cash - Operating & Claims Checking Accounts		$806,909.25	
	Cash - Principal Cash Account		850,000.00	
	PNC Bank - Marketable Securities At Cost		17,279,439.26	
	Accounts Receivable		0.00	
	Less Loss of Time FICA Payable		0.00	
			$18,936,348.51	

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
SCHEDULES
FOR THE SEVEN MONTHS ENDED JULY 31, 2016

Investment Income:

Dividend Income	$0.00	$0.00
Interest Income	33,460.96	$307,399.35
	$33,460.96	$307,399.35
Realized Gains	(13,142.48)	(220,692.70)
	$20,318.48	$86,706.65

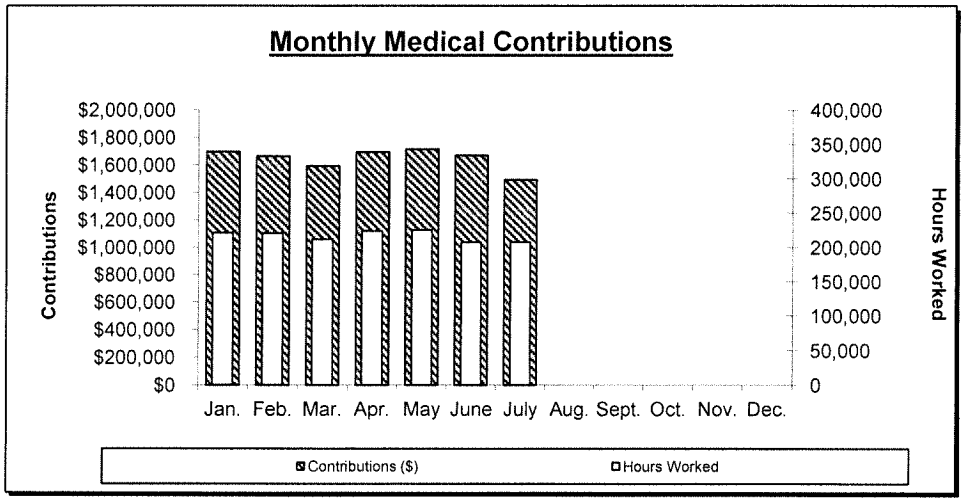
Market Value of Fund as of December 31, 2015	**$ 16,141,375.38**
Market Value of Fund as of **Jul 31, 2016**	18,764,640.02
Increase (Decrease) in Market Value of Fund	**2,623,264.64**
Less Net Income (Loss) on Cash Basis	2,178,989.34
Unrealized Gain or (Loss)	**$ 444,275.30**

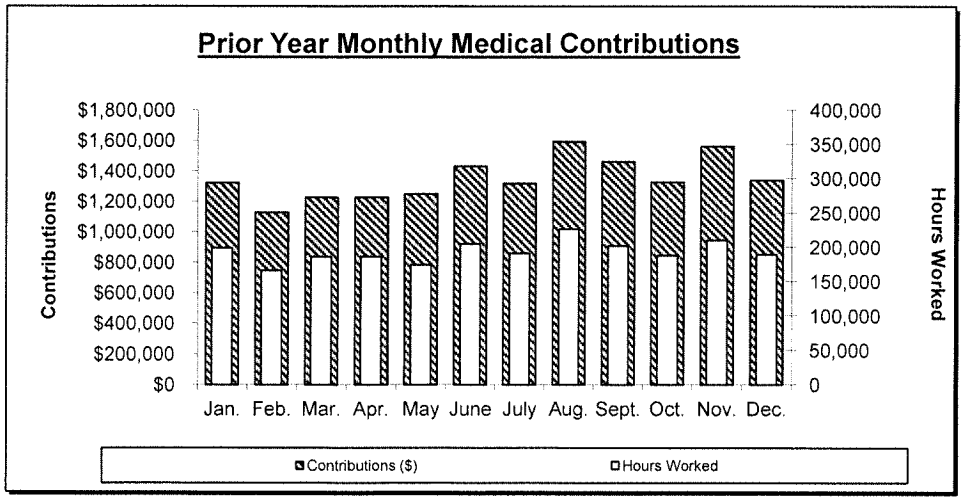
MONTHLY RESERVE CALCULATION

(A) Total Disbursements Previous 12 Months	**$ 16,209,810.60**
(B) Monthly Average (A) ÷ 12	**1,350,817.55**
(C) Adjust for 9% Inflation (B) x 1.09	**1,472,391.13**
(D) Current Assets at Cost	18,936,348.51
Total Months Reserve (D) ÷ (C)	**12.86**

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
SCHEDULES
FOR THE SEVEN MONTHS ENDED JULY 31, 2016

	Hours Worked		Employer Contributions	
	Curr. Month	Year To Date	Curr. Month	Year To Date
Employer Contributions:				
Nov. 2015 & Prior	0.00	27,514.94	$0.00	$191,003.32
Dec. 2015 Hours	0.00	220,033.05	$0.00	$1,694,262.93
Jan. 2016 Hours	1,460.00	211,276.32	$9,301.39	$1,597,693.27
Feb. 2016 Hours	0.00	217,385.44	$201.47	$1,648,354.43
Mar. 2016 Hours	1,217.50	252,775.14	$9,515.92	$1,882,039.53
Apr. 2016 Hours	6,688.54	210,054.13	$49,149.91	$1,647,325.93
May 2016 Hours	7,581.70	187,458.05	$49,375.26	$1,497,877.13
June 2016 Hours	191,010.30	191,010.30	$1,376,765.70	$1,376,765.70
	207,958.04	1,517,507.37	$1,494,309.65	$11,535,322.24
Average Hours Per Month		216,786.77		
Projected Hours This Year		2,601,441.24		
Average Contribution Rates			$7.18563	$7.60149
Average Contributions Per Month				$1,647,903.18
Projected Contributions This Year				$19,774,838.16





PLUMBERS & STEAMFITTERS LOCAL 486
M.C.A. of MD JOINT ADMINISTRATION
ADMINISTRATION CASH REPORT
FOR THE SEVEN MONTHS ENDED JULY 31, 2016

	Y T D Budget	Current Month	Year To Date	
Balance - January 1, 2016				$24,595.96
Receipts:				
Medical Fund - 54%	$169,451	21,151.95	$157,981.81	
Pension Fund - 19%	68,741	9,371.43	65,391.86	
Annuity Fund - 20%	66,055	8,987.47	63,169.77	
Credit Union - 1%	3,147	449.37	3,116.46	
Training Fund - 4%	12,589	1,797.50	12,465.83	
Dues Fund - 1%	3,147	449.37	3,116.46	
Industry Fund - 1%	3,147	449.37	3,116.44	
	$326,277	$42,656		308,358.63
				$332,954.59
Expenses:				
Administration	$303,702	43,386.00	$303,702.00	
Audit	2,158	0.00	2,850.00	
Meeting Expenses	0	0.00	0.00	
Office	0	0.00	0.00	
Printing	1,808	0.00	469.37	
Postage	875	0.00	1,529.23	
Postage - Medical	7,700	0.00	4,210.41	
Rent	0	0.00	0.00	
Bank Service Charges	700	0.00	545.68	
Record Destruction	0	0.00	0.00	
Employer Audits	9,333	0.00	1,041.00	
Total Expenses	$326,276	$43,386.00	$314,347.69	
Interest Income	0	0.00	0.00	
Net Expenses	$326,276	$43,386.00		314,347.69
Balance - July 31, 2016				$18,606.90

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
PRINCIPAL ACCOUNT ACTIVITY
PNC BANK ACCOUNT 6785876
JULY 31, 2016

Balance - June 30, 2016 $0.00

					Receipts
a.	7/1	Sales and Maturities	(cost	$656,759.71)	$656,759.71
b.	7/1	Interest Income			230.53
c.	7/1	Cash Transferred From Fund Office			1,060,000.00
					$1,716,990.24

			Disbursements
a.	7/1	Purchases	$1,060,230.53
b.	7/8	Cash Transferred To Claims Checking Account	62,000.00
c.	7/8	Wire to CareFirst - Flexlink Claims	12,362.82
d.	7/8	Wire to Optum Rx	84,329.75
e.	7/15	Cash Transferred To Claims Checking Account	105,000.00
f.	7/15	Wire to CareFirst - Flexlink Claims	2,432.01
g.	7/22	Cash Transferred To Claims Checking Account	105,000.00
h.	7/22	Wire to Optum Rx	103,663.90
i.	7/22	Wire to CareFirst - Flexlink Admin (May)	3,895.38
j.	7/22	Wire to CareFirst - Flexlink Claims	9,223.95
k.	7/29	Cash Transferred To Claims Checking Account	153,000.00
l.	7/29	Wire to CareFirst - Flexlink Claims	15,851.90
			$1,716,990.24

Balance - July 31, 2016 $0.00