**INDUSTRY & LOCAL 338 WELFARE FUND**
**JULY 1, 2013 THROUGH JUNE 30, 2014**
**CASH OPERATING STATEMENT**

| | APRIL | MAY | JUNE | APRIL - JUNE | YEAR TO DATE |
|---|---|---|---|---|---|
| Remittances | | | | | |
| Employer Contributions * | 351,433.80 | 418,569.20 | 362,843.00 | 1,132,846.00 | 4,505,381.00 |
| COBRA | 0.00 | 0.00 | 1,189.53 | 1,189.53 | 10,731.18 |
| Self Pay | 8,700.00 | 8,100.00 | 9,300.00 | 26,100.00 | 122,400.00 |
| Interest- Delinquent Employer | 18.39 | 1,116.01 | 88.05 | 1,222.45 | 3,194.67 |
| Interest Income- BNY Mellon | 0.00 | 0.00 | 0.00 | 0.00 | 946.49 |
| Dividend Income | 9,368.70 | 9,257.48 | 9,736.21 | 28,362.39 | 117,638.07 |
| SEI Investments Realized G/L | 5,091.67 | 3,136.92 | 5,298.65 | 13,527.24 | 103,399.07 |
| SEI Investments Unrealized G/L | 14,127.43 | 58,895.86 | 16,321.41 | 89,344.70 | 159,597.39 |
| SEI Fund Rebate | 0.00 | 0.00 | 0.00 | 0.00 | 1,440.16 |
| Miscellaneous ** | 600.00 | 600.00 | 625.39 | 1,825.39 | 7,562.73 |
| **Total Income** | **389,339.99** | **499,675.47** | **405,402.24** | **1,294,417.70** | **5,032,290.76** |
| Benefit Expenses * | | | | | |
| Hospitalization- Blue Cross *** | 0.00 | 0.00 | (6,151.57) | (6,151.57) | (6,151.57) |
| Benefits Paid | 0.00 | 0.00 | 431.60 | 431.60 | 8,795.48 |
| Empire Blue Cross Medical | 0.00 | 0.00 | 0.00 | 0.00 | 151,259.12 |
| Anthem- Medical | 253,922.48 | 126,824.62 | 158,674.30 | 539,421.40 | 1,902,264.11 |
| Anthem- Retention | 11,519.20 | 12,575.79 | 12,575.79 | 36,670.78 | 145,222.30 |
| Anthem- HealthLink Fees | 12,437.81 | 1,194.27 | 0.00 | 13,632.08 | 13,632.08 |
| Anthem- Comp. Primary Care | 0.00 | 0.00 | 0.00 | 0.00 | 310.00 |
| Anthem- NY Taxes | 0.00 | 3,485.85 | 1,798.85 | 5,284.70 | 21,407.05 |
| Self-Funded 1st Day Hospital | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Medco Claims | 43,726.58 | 45,455.26 | 46,109.34 | 135,291.18 | 580,123.46 |
| Admin. Fee | 69.00 | 42.00 | 15.00 | 126.00 | 747.55 |
| SIDS Dental Claims | 4,460.20 | 7,108.00 | 8,336.60 | 19,904.80 | 96,784.86 |
| Admin. Fee | 1,380.30 | 668.65 | 668.65 | 2,717.60 | 8,004.45 |
| NVA Optical Claims | 600.00 | 437.59 | 815.00 | 1,852.59 | 12,612.57 |
| Admin. Fee | 106.84 | 63.92 | 92.38 | 263.14 | 1,589.76 |
| Amalgamated: Life Insurance | 4,612.68 | 4,295.25 | 2,502.05 | 11,409.98 | 55,224.83 |
| Disability | 3,696.00 | 3,684.00 | 0.00 | 7,380.00 | 41,061.00 |
| Teamster Center Services | 527.00 | 520.20 | 520.20 | 1,567.40 | 6,206.10 |
| Ullico Stop Loss | 12,502.67 | 11,606.40 | 11,606.40 | 35,715.47 | 170,540.51 |
| **Total Benefit Expenses** | **349,560.76** | **217,961.80** | **237,994.59** | **805,517.15** | **3,209,633.66** |
| Administrative Expenses * | | | | | |
| AA, LLC- Admin. Fees | 8,915.27 | 7,969.52 | 7,717.32 | 24,602.11 | 93,308.86 |
| Legal Fees | 0.00 | 2,362.63 | 0.00 | 2,362.63 | 34,923.96 |
| Consulting Fees | 12,500.00 | 0.00 | 0.00 | 12,500.00 | 63,300.00 |
| SEI Invest./Custody Fees | 0.00 | 3,297.75 | 0.00 | 3,297.75 | 12,856.67 |
| Fiduciary Liability Insurance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Accounting Fees | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Year End Audits | 0.00 | 0.00 | 0.00 | 0.00 | 32,000.00 |
| Payroll Inspections | 0.00 | 282.24 | 0.00 | 282.24 | 5,028.84 |
| Convention & Seminars | 0.00 | 0.00 | 0.00 | 0.00 | 2,833.96 |
| Printing & Stationery | 0.00 | 0.00 | 0.00 | 0.00 | 1,383.92 |
| Postage | 124.01 | 634.71 | 0.00 | 758.72 | 2,355.16 |
| Office Supplies & Expenses | 0.00 | 0.00 | 0.00 | 0.00 | 300.00 |
| Bank Charges | 15.00 | 0.00 | 45.00 | 60.00 | 300.00 |
| Meeting Expenses | 0.00 | 757.83 | 551.81 | 1,309.64 | 4,784.49 |
| Withdrawal Liability | 1,479.58 | 1,479.58 | 1,479.58 | 4,438.74 | 5,918.32 |
| NY Labor Health Care Dues | 0.00 | 0.00 | 0.00 | 0.00 | 500.00 |
| Miscellaneous | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **Total Admin. Expenses** | **23,033.86** | **16,784.26** | **9,793.71** | **49,611.83** | **259,794.18** |
| **TOTAL EXPENSES** | **372,594.62** | **234,746.06** | **247,788.30** | **855,128.98** | **3,469,427.84** |
| **INCREASE/(DECREASE)** | **16,745.37** | **264,929.41** | **157,613.94** | **439,288.72** | **1,562,862.92** |

**FUND RESERVE AS OF 6/30/14: $5,798,093.77**

* Cash to Accrual
** Monthly reimbursement check from Michael Traver and 25.39 in class action proceeds
*** Refund credit for run out


PROPRIETARY INFORMATION: THIS REPORT BELONGS TO INDUSTRY AND LOCAL 338 WELFARE FUND

# INDUSTRY & LOCAL 338 PENSION FUND
## JULY 1, 2013 THROUGH JUNE 30, 2014
## CASH OPERATING STATEMENT

| | APRIL | MAY | JUNE | APRIL - JUNE | YEAR TO DATE |
|---|---|---|---|---|---|
| Remittances | | | | | |
| Employer Contributions * | 150,614.72 | 197,609.98 | 149,404.20 | 497,628.90 | 1,971,903.41 |
| Supplemental Contributions * | 100,326.01 | 122,866.03 | 100,329.57 | 323,521.61 | 1,214,322.33 |
| Withdrawal Liability Principal | 4,306.15 | 2,718.22 | 3,680.45 | 10,704.82 | 39,539.86 |
| Withdrawal Liability Interest | 13,929.92 | 8,533.66 | 11,596.46 | 34,060.04 | 129,400.79 |
| Litigation Settlement | 0.00 | 0.00 | 0.00 | 0.00 | 3,731.89 |
| Interest- Delinquent Employer | 10.48 | 957.13 | 110.57 | 1,078.18 | 2,921.30 |
| Interest Income- BNY Mellon | 0.00 | 0.00 | 0.00 | 0.00 | 14.58 |
| Dividend Income | 67,082.69 | 65,863.79 | 69,589.57 | 202,536.05 | 1,668,841.63 |
| Pension Reimbursement | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Miscellaneous | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **Total Income **** | **336,269.97** | **398,548.81** | **334,710.82** | **1,069,529.60** | **5,030,675.79** |
| Benefit Expenses | | | | | |
| Pension Benefits | 607,177.54 | 597,788.28 | 606,388.24 | 1,811,354.06 | 7,214,601.49 |
| **Total Benefit Expenses** | **607,177.54** | **597,788.28** | **606,388.24** | **1,811,354.06** | **7,214,601.49** |
| Administrative Expenses | | | | | |
| AA, LLC- Admin. Fees * | 9,825.60 | 7,983.30 | 7,969.26 | 25,778.16 | 94,310.91 |
| Legal Fees | 2,708.34 | 0.00 | 2,362.62 | 5,070.96 | 36,886.20 |
| Consulting Fees | 16,625.00 | 0.00 | 700.00 | 17,325.00 | 81,730.00 |
| Invest./Custody Fees | 0.00 | 85,976.41 | 0.00 | 85,976.41 | 340,673.35 |
| Fiduciary Liability Insurance | 0.00 | 0.00 | 33,809.00 | 33,809.00 | 67,102.00 |
| Accounting Fees | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Year End Audits | 0.00 | 0.00 | 0.00 | 0.00 | 36,000.00 |
| Payroll Inspections | 238.14 | 0.00 | 215.01 | 453.15 | 1,809.41 |
| PBGC Insurance | (132.00) | 0.00 | 0.00 | (132.00) | 14,676.00 |
| SSA Expenses | 0.00 | 0.00 | 0.00 | 0.00 | 43.75 |
| Convention & Seminars | 0.00 | 0.00 | 0.00 | 0.00 | 2,829.96 |
| Printing & Stationery | 0.00 | 0.00 | 0.00 | 0.00 | 264.41 |
| Postage | 304.90 | 0.00 | 195.44 | 500.34 | 3,597.24 |
| Office Supplies & Expenses | 0.00 | 0.00 | 0.00 | 0.00 | 121.79 |
| Bank Charges | 267.00 | 203.00 | 30.00 | 500.00 | 2,651.00 |
| Meeting Expenses | 0.00 | 0.00 | 796.65 | 796.65 | 5,022.39 |
| Dues & Membership | 0.00 | 0.00 | 0.00 | 0.00 | 405.00 |
| Miscellaneous | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **Total Admin. Expenses** | **29,836.98** | **94,162.71** | **46,077.98** | **170,077.67** | **688,123.41** |
| **TOTAL EXPENSES** | **637,014.52** | **691,950.99** | **652,466.22** | **1,981,431.73** | **7,902,724.90** |
| **INCREASE/(DECREASE)** | **(300,744.55)** | **(293,402.18)** | **(317,755.40)** | **(911,902.13)** | **(2,872,049.11)** |

**FUND RESERVE AS OF 6/30/14: $91,212,365.29**

* Cash to Accrual

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for April are 69,279.51 & (7,492.92)

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for May are 783,596.35 & 601,054.54

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for June are 87,676.40 & 1,232,871.60



PROPRIETARY INFORMATION: THIS REPORT BELONGS TO INDUSTRY AND LOCAL 338 PENSION FUND UNAUDITED STATEMENT

**INDUSTRY AND LOCAL 338 PENSION & WELFARE FUNDS**
**AUTHORIZATION FOR DISBURSEMENTS**
**MAY 31, 2014**

**PENSION FUND CHECKING**

| CHECK | DESCRIPTION | AMOUNT |
|---|---|---|
| | FEDERAL WITHHOLDING TAX (JUNE) | 43,690.70 |
| | **TOTAL PAYMENTS** | **43,690.70** |

**WELFARE FUND CHECKING**

| CHECK | DESCRIPTION | AMOUNT |
|---|---|---|
| | NVA OPTICAL CLAIMS 4/14-5/14 | 752.43 |
| | ANTHEM EMPIRE- MEDICAL CLAIMS 5/14 | 142,416.53 |
| | MEDCO RX CLAIMS 5/14 | 31,332.00 |
| | SIDS DENTAL CLAIMS 4/14-5/14 | 11,305.20 |
| | **TOTAL PAYMENTS** | **185,806.16** |


PROPRIETARY INFORMATION: THIS REPORT BELONGS TO INDUSTRY AND LOCAL 338 PENSION AND WELFARE FUNDS UNAUDITED STATEMENT

**INDUSTRY AND LOCAL 338 PENSION & WELFARE FUNDS**
**AUTHORIZATION FOR DISBURSEMENTS**
**JUNE 30, 2014**

**PENSION FUND CHECKING**

| CHECK | DESCRIPTION | AMOUNT |
|---|---|---|
| 1402 | ULLICO CASUALTY GROUP- FIDUCIARY LIABILITY INSURANCE 6/14-5/15 | 33,809.00 |
| 1403 | THE SEGAL CO.- CONSULTING FEE RE: PENSION BENEFIT CALC. | 700.00 |
| 1404 | SCHULTHEIS & PANETTIERI, LLP- PAYROLL AUDIT 5/14 | 99.38 |
| 1405 | SCHULTHEIS & PANETTIERI, LLP- PAYROLL AUDIT 4/14 | 115.63 |
| 1406 | RENAISSANCE WESTCHESTER HOTEL- MEETINGS 4/24 & 5/22/14 | 796.65 |
| 1407 | ROOSA & ROOSA- LEGAL FEES 1/14-5/14 | 2,362.62 |
| 1408 | AA, LLC- ADMIN. FEE 4/14 | 9,825.60 |
| 1408 | AA, LLC- POSTAGE 4/14 | 107.58 |
| 1408 | AA, LLC- ADMIN. FEE ADJUSTMENT 3/14 | 2,430.75 |
| 1409 | AA, LLC- ADMIN. FEE 5/14 | 7,983.30 |
| 1409 | AA, LLC- POSTAGE 5/14 | 87.86 |
| | FEDERAL WITHHOLDING TAX (JULY) | 43,505.70 |
| | **TOTAL PAYMENTS** | **101,824.07** |

**WELFARE FUND CHECKING**

| CHECK | DESCRIPTION | AMOUNT |
|---|---|---|
| 1614 | SCHULTHEIS & PANETTIERI, LLP- PAYROLL AUDIT 5/14 | 99.37 |
| 1615 | SELF INSURED DENTAL- ADMIN. FEES 5/14-6/14 | 1,337.30 |
| 1616 | AMALGAMATED LIFE- LIFE INS. PREMIUM 5/14 | 4,212.68 |
| 1616 | AMALGAMATED LIFE- DISABILITY PREMIUM 5/14 | 3,684.00 |
| 1617 | SCHULTHEIS & PANETTIERI, LLP- PAYROLL AUDIT 4/14 | 182.87 |
| 1618 | RENAISSANCE WESTCHESTER HOTEL- MEETINGS 4/24 & 5/22/14 | 757.83 |
| 1619 | FUND OFFICE WITHDRAWAL LIABILITY 6/14 | 1,479.58 |
| 1620 | STEVEN THOMPSON- COBRA OVERPAYMENT REIMBURSEMENT | 11.44 |
| 1621 | AA, LLC- ADMIN. FEE 4/14 | 8,915.27 |
| 1621 | AA, LLC- POSTAGE 4/14 | 124.01 |
| 1621 | AA, LLC- ADMIN. FEE 5/14 | 7,969.52 |
| 1621 | AA, LLC- POSTAGE 5/14 | 634.71 |
| 1622 | ROOSA & ROOSA- LEGAL FEES 1/14-5/14 | 2,362.63 |
| | NVA OPTICAL CLAIMS 5/14-6/14 | 498.92 |
| | ANTHEM EMPIRE- MEDICAL CLAIMS 6/14 | 172,925.07 |
| | MEDCO RX CLAIMS 5/14-6/14 | 37,397.34 |
| | SIDS DENTAL CLAIMS 5/14 | 2,490.00 |
| | **TOTAL PAYMENTS** | **245,082.54** |


PROPRIETARY INFORMATION: THIS REPORT BELONGS TO INDUSTRY AND LOCAL 338 PENSION AND WELFARE FUNDS UNAUDITED STATEMENT

# Local 338 Delinquency Log

**Delinquencies as of 6/30**

| Employer | Month(s) Delinquent |
|---|---|
| Culinart, Inc. | 5/14 * |
| College of New Rochelle | 5/14 ** |

**Late Fees**

| Employer | Welfare | Pension | Total Balance Owed | Month(s) Owed |
|---|---|---|---|---|
| Culinart, Inc. | $80.87 | $46.08 | $126.95 | 6/14 |
| College of New Rochelle | $385.96 | $240.53 | $626.49 | 5/14-7/14 |
| Suburban Propane | $34.00 | $17.42 | $51.42 | 2/13-3/13 |
| Friesland Campina USA LP | | $201.71 | $201.71 | 3/13 |
| Paraco Gas Corp. | $32.56 | $26.39 | $58.95 | 3/13, 6/13 |
| Precast Concrete Sales Co. | $5.62 | | $5.62 | 3/13 |
| First Student (Valley Central) | $107.03 | | $107.03 | 6/14-7/14 |

**Status of Withdrawal Liability Payments as of 6/30/14**

| Employer | Start Date | Amount of W/L Pymt Mthly | Total # of Pymts Required | Pymts Made to Date | Past Due? | Employer ID# | Date of withdrawal |
|---|---|---|---|---|---|---|---|
| Sodexo | 6/1/2013 | $11,251.86 | 240 | 14 | No | 56 | 8/31/2012 |
| Suburban Propane | 8/1/2013 | $2,545.45 | 240 | 12 | No | 7 | 5/22/2013 |
| Local 338 Welfare Fund | 3/1/2014 | $1,479.58 | 240 | 4 | No | 36 | 6/30/2013 |

* Culinart Paid May Contributions on 7/14/14
** College of New Rochelle Paid May Contributions on 7/7/14


PROPRIETARY INFORMATION: THIS REPORT BELONGS TO INDUSTRY AND LOCAL 338 PENSION AND WELFARE FUNDS UNAUDITED STATEMENT

# Local 338 Employer Contribution Rates

| Employer | Employer # | Pen Count | Wel Count | Contract Effective Date | Contract Expiration Date | Weekly Pension Rate for Benefits | Weekly Suppl Pension Rate | Total Weekly Pension Rate | Current Weekly Welfare Rate | Current CBA on file | Which Union? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **College of New Rochelle** | **9** | **22** | **22** | 9/1/2009 | 8/31/2013 | | | | | Yes | 445 |
| ***2/14 - Still Negotiating*** | | | | 9/1/2009 | | 110.44 | 19.96 | 130.40 | 179.20 | | |
| | | | | 9/1/2010 | | 110.44 | 33.16 | 143.60 | 219.20 | | |
| | | | | 9/1/2011 | | 110.44 | 47.56 | 158.00 | 259.20 | | |
| | | | | 9/1/2012 | | 110.44 | 63.56 | 174.00 | 279.20 | | |
| **Crowley Foods-LaFargeville** | **13** | **115** | **115** | 11/1/2011 | 10/31/2014 | | | | | Yes | 687 |
| | | | | 11/1/2011 | | 130.00 | 56.34 | 186.34 | 226.20 | | |
| | | | | 11/1/2012 | | 130.00 | 74.97 | 204.97 | 266.20 | | |
| | | | | 11/1/2013 | | 130.00 | 95.48 | 225.48 | 290.20 | | |
| **Crowley Foods-Binghamton** | **12** | **28** | **28** | 8/26/2013 | 8/25/2016 | | | | | Yes | 693 |
| | | | | 8/26/2013 | | 141.46 | 100.79 | 242.25 | 276.00 | | |
| | | | | 8/26/2014 | | 141.46 | 125.02 | 266.48 | 292.00 | | |
| | | | | 8/26/2015 | | 141.46 | 151.67 | 293.13 | 308.00 | | |
| **Freisland Campina/** | **25** | **61** | **N/A** | 1/1/2013 | 12/31/2015 | | | | | Yes | 693 |
| **DMV mV Nutritionals** | | | | 1/1/2013 | | 100.12 | 61.11 | 161.23 | N/A | | |
| | | | | 1/1/2014 | | 100.12 | 77.23 | 177.35 | N/A | | |
| | | | | 1/1/2015 | | 100.12 | 94.97 | 195.09 | N/A | | |
| **Suburban Propane #7 */ Inergy** | **7** | **5** | **5** | 7/1/2009 | 6/30/2012 | | | | | No | 445 |
| **Products #54/ Burnwell/** | | | | | | | | | | | |
| ***Total Withdrawal*** | | | | 7/1/2009 | | 73.60 | 7.36 | 80.96 | 191.20 | | |
| **Extended one year to 6/30/13** | | | | 7/1/2010 | | 73.60 | 15.46 | 89.06 | 231.20 | | |
| | | | | 7/1/2011 | | 73.60 | 24.37 | 97.97 | 271.20 | | |

*** Ceased contributions on May 22, 2013- 1st payment of withdrawal liability due August 1, 2013**

| Employer | Employer # | Pen Count | Wel Count | Contract Effective Date | Contract Expiration Date | Weekly Pension Rate for Benefits | Weekly Suppl Pension Rate | Total Weekly Pension Rate | Current Weekly Welfare Rate | Current CBA on file | Which Union? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Mondelez International was** | **49** | **N/A** | **61** | 9/1/2012 | 8/31/2016 | | | | | Yes | 445 |
| **Kraft Foods Globals Inc.** | | | | 9/1/2012 | | N/A | N/A | N/A | 281.40 | | |
| | | | | 9/1/2013 | | N/A | N/A | N/A | 301.40 | | |
| | | | | 9/1/2014 | | N/A | N/A | N/A | 321.40 | | |
| | | | | 9/15/2015 | | | | | 341.40 | | |
| **L.P. Transportation** | **43** | **27** | **27** | 8/16/2013 | 8/15/2016 | | | | | Yes | 445 |
| | | | | 8/16/2013 | | 160.00 | 68.80 | 228.80 | 281.20 | | |
| | | | | 8/16/2014 | | 160.00 | 91.60 | 251.60 | 301.20 | | |
| | | | | 8/16/2015 | | 160.00 | 116.80 | 276.80 | 321.20 | | |
| **Paraco Gas Corp.** | **54** | **8** | **8** | 2/1/2012 | 1/31/2015 | | | | | Yes | 445 |
| | | | | 2/1/2012 | | 124.00 | 32.00 | 156.00 | 192.00 | | |
| | | | | 2/1/2013 | | 124.00 | 64.00 | 188.00 | 232.00 | | |
| | | | | 2/1/2014 | | 188.00 | 80.00 | 268.00 | 272.00 | | |
| **Sodexo, Inc. termed 8/31/2012** | **56** | **16** | **16** | 1/1/2010 | 12/31/2013 | | | | | Yes | 445 |
| **transferred to Culinart, Inc.** | | | | 1/1/2010 | | 108.44 | 19.64 | 128.08 | 179.20 | | |
| ***Total Withdrawal*** | | | | 1/1/2011 | | 108.44 | 32.45 | 140.89 | 219.20 | | |
| | | | | 1/1/2012 | | 108.44 | 46.54 | 154.98 | 259.20 | | |
| | | | | 1/1/2013 | | 108.44 | 62.04 | 170.48 | 299.20 | | |
| **Culinart, Inc.** | **60** | **18** | **18** | 1/1/2010 | 12/31/2013 | | | | | Yes | 445 |
| | | | | 1/1/2010 | | 108.44 | 19.64 | 128.08 | 179.20 | | |
| | | | | 1/1/2011 | | 108.44 | 32.45 | 140.89 | 219.20 | | |
| | | | | 1/1/2012 | | 108.44 | 46.54 | 154.98 | 259.20 | | |
| | | | | 1/1/2013 | | 108.44 | 62.04 | 170.48 | 299.20 | | |
| **Montefiore Medical Center** | **50** | **17** | **N/A** | 2/26/2010 | 2/25/2017 | | | | | Yes | 445 |
| | | | | 2/26/2012 | | 120.12 | 55.73 | 175.85 | N/A | | |
| **MOA in file: not known if ratified** | | | | 2/26/2013 | 2/25/2017 | | | | N/A | | |
| | | | | 2/26/2013 | | 120.12 | 73.32 | 193.44 | | | |
| | | | | 2/26/2014 | | 120.12 | 92.66 | 212.78 | | | |
| | | | | 2/26/2015 | | 120.12 | 113.94 | 234.06 | | | |
| | | | | 2/26/2016 | | 120.12 | ?* | ?* | | | |

*** 2016 rate increase will be deducted from employee, not employer by CBA**

| Employer | Employer # | Pen Count | Wel Count | Contract Effective Date | Contract Expiration Date | Weekly Pension Rate for Benefits | Weekly Suppl Pension Rate | Total Weekly Pension Rate | Current Weekly Welfare Rate | Current CBA on file | Which Union? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Town of Stamford** | **52** | **N/A** | **4** | 1/1/2011 | 12/31/2013 | | | | | Yes | 693 |
| **(withdrawn 12/31/13)** | | | | 1/1/2011 | | N/A | N/A | N/A | 211.20 | | |
| | | | | 1/1/2012 | | N/A | N/A | N/A | 251.20 | | |
| | | | | 1/1/2013 | | N/A | N/A | N/A | 291.20 | | |
| **Town of Harpersfield** | **53** | | | 1/1/2009 | 12/31/2015 | | | | | Yes | 693 |
| **Terminated 12/31/2012** | | | | 1/1/2009 | | N/A | N/A | N/A | 191.20 | | |
| | | | | 1/1/2010 | | N/A | N/A | N/A | 231.20 | | |
| | | | | 1/1/2011 | | N/A | N/A | N/A | 271.20 | | |
| **Westchester Local 860** | **21** | **1** | **N/A** | 10/1/2009 | 9/30/2013 | | | | | Yes | 445 |
| | | | | 10/1/2009 | | 130.15 | 24.02 | 154.17 | 191.20 | | |
| | | | | 10/1/2010 | | 130.15 | 39.44 | 169.59 | 231.20 | | |
| | | | | 10/1/2011 | | 130.15 | 56.40 | 186.55 | 271.20 | | |
| | | | | 10/1/2012 | | 130.15 | 75.06 | 205.21 | 311.20 | | |
| **PreCast Concrete** | **55** | **N/A** | **3** | 10/1/2010 | 9/30/2012 | | | | | Yes | 445 |
| ***2/14 - Still Negotiating*** | | | | 10/1/2010 | | N/A | N/A | N/A | 240.00 | | |
| | | | | 10/1/2011 | | N/A | N/A | N/A | 259.20 | | |
| **First Student (Valley Cntrl)** | **57** | **N/A** | **14** | 9/1/2010 | 8/31/2015 | | | | | Yes | 445 |
| | ***<ratified but*** | | | | | | | | | | |
| **First Student (Kingston)** | ***not signed*** | | | | 8/31/2013 | | | | | Yes | 445 |
| **First Student (WallKill)** | | | | 9/1/2013 | 8/31/2016 | | | | | Yes | 445 |
| | | | **as of** | 9/1/2013 | | N/A | N/A | N/A | 302.00 | | |
| | | | | 1/1/2014 | | N/A | N/A | N/A | 302.00 | | |
| | | | | 1/1/2015 | | N/A | N/A | N/A | 314.00 | | |
| **First Student (Pine Bush)** | **58** | **N/A** | **5** | 4/1/2014 | 3/31/2017 | | | | | Yes | 445 |
| | | | | 4/1/2014 | | N/A | N/A | N/A | 302.00 | | |
| | | | | 4/1/2015 | | N/A | N/A | N/A | 302.00 | | |
| | | | | 1/1/2016 | | N/A | N/A | N/A | 314.00 | | |

**INDUSTRY AND LOCAL 338 PENSION & WELFARE FUNDS**
**NUMBER OF ACTIVE MEMBERS & RETIREES**
**RECEIVING BENEFITS**
**JANUARY 2013 - DECEMBER 2013**

| | ACTIVES | | | RETIREES | | |
|---|---|---|---|---|---|---|
| MONTH | PENSION | WELFARE | COBRA | MEDICAL HOSPITAL | LIFE INSURANCE | PENSION PAID |
| January-13 | 324 | 374 | 6 | 29 | 248 | 740 |
| February-13 | 329 | *309 | 6 | 30 | 248 | 740 |
| March-13 | 320 | 313 | 4 | 28 | 250 | 742 |
| April-13 | 321 | 315 | 4 | 28 | 250 | 742 |
| May-13 | 316 | 313 | 4 | 28 | 283 | 743 |
| June-13 | 288 | 309 | 4 | 28 | **173 | 733 |
| July-13 | 307 | 307 | 3 | 28 | 173 | 737 |
| August-13 | 300 | 306 | 3 | 28 | 163 | 738 |
| September-13 | 306 | 309 | 2 | 28 | 163 | 737 |
| October-13 | 316 | 308 | 2 | 28 | 163 | 744 |
| November-13 | 315 | 317 | 1 | 28 | 166 | 742 |
| December-13 | 319 | 321 | 1 | 28 | 166 | 735 |

*Freisland Campina withdrew from the Welfare Fund effective 01/31/13 (61 members)
**Suburban Propane withdrew effective 5/31/13

**INDUSTRY AND LOCAL 338 PENSION & WELFARE FUNDS**
**NUMBER OF ACTIVE MEMBERS & RETIREES**
**RECEIVING BENEFITS**
**JANUARY 2014 - DECEMBER 2014**

| | ACTIVES | | | RETIREES | | |
|---|---|---|---|---|---|---|
| MONTH | PENSION | WELFARE | COBRA | MEDICAL HOSPITAL | LIFE INSURANCE | PENSION PAID |
| January-14 | 303 | 308 | 2 | 25 | 166 | 728 |
| February-14 | 306 | 312 | 1 | 25 | 166 | 741 |
| March-14 | 306 | 311 | 1 | 25 | 163 | 733 |
| April-14 | 306 | 306 | 1 | 24 | 163 | 733 |
| May-14 | 305 | 306 | 0 | 24 | 163 | 737 |
| June-14 | 302 | 300 | 1 | 24 | 163 | 736 |
| July-14 | 281* | 298** | 1 | 24 | 163 | 726 |
| August-14 | | | | | | |
| September-14 | | | | | | |
| October-14 | | | | | | |
| November-14 | | | | | | |
| December-14 | | | | | | |

*Culinart contributions not received

**Culinart contributions not received; Westchester Local 860 - withdrew from the Welfare Fund effective August 1, 2014

**NAME:** **SS#:**
**REGARDING:**

**Industry and Local 338 Welfare Fund**

**LOCAL:** 338
**STATUS:** Full Time

**ISSUE:** Hospital/Medical – Out-of-Network Deductible #M14/101-3079

**FUND RULE:**
**"Summary of Benefits and Coverage:**

Deductible

In-Network: $500 Individual / $1,250 Family
Out-of-Network: $2,000 Individual / $5,000 Family

Common Medical Event
Emergency medical transportation
Your cost if you use an in-network provider.....No charge
Your cost if you use an out-of-network provider.....40% coinsurance"
(Industry and Local 338 Welfare Fund Actives, Summary of Benefits and Coverage)

**SUMMARY:**

| | |
|---|---|
| Date(s) of Service: | August 13, 2013 |
| Claim Received: | March 19, 2014 |
| Claim Processed: | March 24, 2014 |

The **billing agent for the provider,** Nanuet Community Ambulance, is appealing for reconsideration of charges related to ambulance services rendered to the particpant's spouse on August 13, 2013. The provider states, "An emergency ambulance service is not an elective service for the patient and they have no choice as to what ambulance is dispatched, regarding whether it is in or out of network with their insurance coverage."

Fund records indicate Nanuet Community Ambulance (an out-of-network provider) submitted a claim in the amount of $1,119.00 for a ground ambulance transport. The billed amount was allowed in full and applied to the participant's spouse's out-of-network $2,000 individual annual deductible. Therefore the participant's spouse was responsible for the full amount of the bill.

If the participant's spouse had satisfied the out-of-network deductible, the Fund would pay $671.40 (60% of the billed amount). The spouse's responsibility would be $447.60.

If the charge was considered in-network, the Fund would pay the full billed amount of $1,119.00.

After the appeal was received, Anthem verified with the Fund office that Nanuet Community Ambulance does not participate.

**ACTION:** **Approved** ☐ **Denied** ☐ **Tabled** ☐
**COMMENTS:**

**NAME:** **SS#:**
**REGARDING:**

**Industry and Local 338 Welfare Fund**

**LOCAL:** 338
**STATUS:** Full Time

**ISSUE:** Hospital/Medical – Out-of-Network Deductible #M14/103-1675

**FUND RULE:**
**"Summary of Benefits and Coverage:**

Deductible
In-Network: $500 Individual / $1,250 Family
Out-of-Network: $2,000 Individual / $5,000 Family

Common Medical Event
Emergency medical transportation
Your cost if you use an in-network provider.....No charge
Your cost if you use an out-of-network provider.....40% coinsurance"
(Industry and Local 338 Welfare Fund Actives, Summary of Benefits and Coverage)

**SUMMARY:**

| | |
|---|---|
| Date(s) of Service: | June 30, 2013 |
| Claim Received: | December 18, 2013 |
| Claim Processed: | December 18, 2013 |

The **participant's spouse** is appealing for reconsideration of charges related to ambulance services rendered June 30, 2013 as these services were rendered due to an emergency and must be considered as an in-network services.

Fund records indicate Mobile Life Support Services (an out-of-network provider) submitted a claim in the amount of $927.00 for a ground ambulance transport. The billed amount was allowed in full and applied to the participant's spouse's out-of-network $2,000 individual annual deductible. Therefore the participant's spouse was responsible for the full amount of the bill.

If the participant's spouse had satisfied the out-of-network deductible, the Fund would pay $556.20 (60% of the billed amount). The spouse's responsibility would be $370.80.

If the charge was considered in-network, the Fund would pay the full billed amount of $927.00.

After the appeal was received, Anthem verified with the Fund office that Mobile Life Support Services does not participate.

**ACTION:** **Approved** ☐ **Denied** ☐ **Tabled** ☐
**COMMENTS:**