

# TOLEDO ELECTRICAL BENEFIT PLANS

Toledo Electrical  
Welfare Fund

Local No. 8 I.B.E.W.  
Retirement Plan & Trust

Mailing Address: P.O. Box 60408 • Rossford, Ohio 43460

December 15, 2016

Dear Participant,

## What you need to know about this mailing:

- The Summary Annual Reports are required disclosures
- The Women's Health and Cancer Rights Act notification is a required disclosure
- If you would like to receive these notices electronically, please fill out the Email Opt In form and return to the Fund Office

A summary annual report (SAR) is an annual statement in narrative form that summarizes the latest annual report for the plan. Under the Department of Labor, ERISA plans are required to distribute SARs. Each year, Toledo Electrical Benefit Plans is required by law to make Summary Annual Reports available to its benefit plan participants and surviving beneficiaries with an interest in the plans. The report provides information on the benefits that we have reported to the Federal Government. Enclosed in this mailing are three (3) SARs for the Toledo Electrical Welfare Fund, Local No. 8 IBEW Retirement Plan and Trust, and Local No. 8 IBEW 401(k) Plan. These are legally required notices; no action is required.

Another required disclosure explains the benefits through the Toledo Electrical Welfare Fund related to the Women's Health and Cancer Rights Act of 1998 (WHCRA). This is a legally required notice; no action is required.

We have enclosed a copy of our Email Opt In Form for you to return to our office if you would like to start receiving the required disclosures electronically. Your participation in the program is completely voluntary and at any time, you can opt-out by selecting "unsubscribe" at the bottom of each email communication. Should you decide to opt-out, these notices and communications will be provided to you through the U.S. postal mail at no additional charge.

As always you can also contact the Funds Office if you have questions.

Regards,

Toledo Electrical Benefits Plan

**SUMMARY ANNUAL REPORT FOR THE  
LOCAL NO. 8 IBEW RETIREMENT PLAN AND TRUST**

**TO ALL PARTICIPANTS**

This is a summary of the annual report for the Local No. 8 IBEW Retirement Plan and Trust, I.D. #34-6596899 for the Plan year beginning January 1, 2015 and ending December 31, 2015. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 [ERISA].

**BASIC FINANCIAL STATEMENT**

Benefits under the Plan are provided by Trust Investments. Plan expenses were \$20,723,340. These expenses included \$1,774,541 in administrative expenses and \$18,948,799 in benefits paid to participants and beneficiaries. A total of 2,294 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of Plan assets, after subtracting liabilities of the Plan, was \$369,427,634 as of December 31, 2015, compared to \$364,381,044 as of December 31, 2014. During the Plan year, the Plan experienced an increase in its net assets of \$5,046,590. This increase included unrealized 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. The Plan had total income of \$25,769,930 including employer contributions of \$14,824,441 and income from investments of \$10,945,489.

**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. Independent Auditors' Report
2. Financial Statements
3. Supplemental Schedules

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees, Local No. 8 IBEW Retirement Plan and Trust, who is the Plan Administrator, at 727 Lime City Road, Rossford, OH 43460, (419) 666-4450.

There will be a reasonable charge to cover copying costs if a copy is requested.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the net assets available for Plan Benefits of the Plan, and accompanying notes, or a statement of changes in net assets available for Plan Benefits, 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 Administrator, 727 Lime City Road, Rossford, OH 43460, 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:

U.S. Department of Labor  
Employee Benefit Security Administration  
Public Disclosure Room  
200 Constitution Ave., N.W., Suite N-1513  
Washington, D.C. 20210

**SUMMARY ANNUAL REPORT FOR THE  
IBEW LOCAL NO. 8 IBEW 401(K) PLAN**

**TO ALL PARTICIPANTS**

This is a summary of the annual report for the IBEW Local No. 8 401(K) Plan, I.D. #34-6596899 for the Plan year beginning January 1, 2015 and ending December 31, 2015. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 [ERISA].

**BASIC FINANCIAL STATEMENT**

Benefits under the Plan are provided by Plan Investments. Plan expenses were \$409,467. These expenses included \$18,198 in administrative expenses and \$391,269 in benefits paid to participants and beneficiaries. A total of 2,231 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of Plan assets, after subtracting liabilities of the Plan, was \$12,786,443 as of December 31, 2015, compared to \$11,417,297 as of December 31, 2014. During the Plan year, the Plan experienced an increase in its net assets of \$1,369,146. This increase included unrealized appreciation 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. The Plan had total income of \$1,778,613, including participant contributions of \$1,874,052 and loss from investments of \$(95,439).

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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. Independent Auditors' Report
2. Financial Statements
3. Supplemental Schedules

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees, IBEW Local No. 8 401(K) Plan, who is the Plan Administrator, at 727 Lime City Road, Rossford, OH 43460, (419) 666-4450.

There will be a reasonable charge to cover copying costs if a copy is requested.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the net assets available for Plan Benefits of the Plan, and accompanying notes, or a statement of changes in net assets available for Plan Benefits, 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.

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Public Disclosure Room  
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Washington, D.C. 20210

## **SUMMARY ANNUAL REPORT FOR TOLEDO ELECTRICAL WELFARE FUND**

### **TO ALL PARTICIPANTS**

This is a summary of the annual report for the Toledo Electrical Welfare Fund, I.D. #34-4441661 for the year beginning January 1, 2015 and ending December 31, 2015. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 [ERISA].

The Trustees have committed the Plan to pay benefits which include medical, prescription drug, disability, vision, death, accidental death and dismemberment, education reimbursement, employee retention, dental, hearing and supplemental fringe benefits under the terms of the Plan.

### **INSURANCE INFORMATION**

The Plan also has contracts with (1) The Union Labor Life Insurance Company for stop loss insurance for catastrophic medical claims (2) United of Omaha Life Insurance Company, and; (3) Vision Service Plan. Total premiums paid for the Plan year December 31, 2015 were \$916,823.

### **BASIC FINANCIAL STATEMENT**

The value of the Plan assets, after subtracting liabilities of the Plan, was \$33,703,321 as of December 31, 2015, compared to \$31,512,419 as of December 31, 2014. At December 31, 2015, Plan assets were segregated by the following three groups: Welfare - \$18,514,105; Supplemental Fringe Benefit Fund - \$8,445,367; Employee Retention Program - \$6,743,849. During the Plan year, the Plan experienced an increase in its net assets of \$2,190,902. The Plan had a total income of \$32,320,777, including employer contributions of \$30,930,028, participants' contributions of \$1,406,091, and loss from investments of \$(15,342).

Plan expenses were \$30,129,875. These expenses included \$1,804,236 in administrative expenses, and \$28,325,639 in benefits paid to or on behalf of Plan participants and beneficiaries.

### **YOUR RIGHTS TO ADDITIONAL INFORMATION**

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2. Financial Statements
3. Supplemental Schedules

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees at 727 Lime City Road, Rossford, OH 43460, (419) 666-4450.

There will be a reasonable charge to cover copying costs if a copy is requested.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of net assets available for plan benefits, a statement of changes in net assets available for plan benefits, and accompanying notes. If you request a copy of the full annual report from the Plan Administrator, these 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.

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200 Constitution Ave., N.W., Suite N-1513  
Washington, D.C. 20210

## **Required Notice**

TO: All Toledo Electrical Welfare Fund Participants and Covered Dependents  
FROM: Plan Administrator, Toledo Electrical Welfare Fund  
DATE: 12/15/2016  
RE: Required notice of protection for breast cancer patients under the Women's Health and Cancer Rights Act

This notice is intended to remind you of the Women's Health and Cancer Rights Act of 1998, which allows you to receive additional benefits under your group health plan. This act states that group health plans that offer coverage for a mastectomy must also provide coverage for breast cancer patients who elect breast reconstruction in connection with a mastectomy. In the case of a participant or covered dependent who is receiving benefits under the plan in connection with a mastectomy and who elects breast reconstruction, the coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. Reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

The Women's Health and Cancer Rights Act specifically states that group health plans may impose deductible or co-insurance requirements for the reconstructive surgery such that they are consistent with those established for other benefits under the plan. The Toledo Electrical Welfare Fund in network plan design requires a 20% coinsurance payment by the participant, with a yearly \$2,500 out-of-pocket maximum per family.

Please review plan information for out of network costs.

If you have any question regarding the benefits, please contact the fund office at 419-666-4450 or via email at [benefits@electricalfunds.org](mailto:benefits@electricalfunds.org).