ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —
Pacific Maritime Association **www.benefitplans.org**

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ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

DATE: June 13, 2025

TO: ILWU Longshore, Ship Clerk and Walking Boss/Foreman Locals and ILWU Watchmen Locals 26 and 75

FROM: Mario Perez, Director of Benefit Plans

SUBJECT: Summary Annual Report and News About Your Health and Pension Benefits

Enclosed is a copy of the Summary Annual Report for the year ended June 30, 2024, for the ILWU-PMA Welfare Plan. Copies of this report will be mailed to participants as required by ERISA.

The enclosed bulletin entitled “News About Your Health and Pension Benefits” will also be sent with the Summary Annual Report to all participants.

Enclosures

A copy of this memo can be downloaded at www.benefitplans.org

MP:st/opeiu29aflcio/MTP – Summary Annual Report 061325-06132025

SUMMARY ANNUAL REPORT FOR
ILWU-PMA WELFARE PLAN

This is a summary of the annual report of the ILWU-PMA Welfare Plan, a health, life insurance, dental, vision, temporary disability and death benefits plan (Employer Identification Number 94-6068578, Plan Number 501), for the plan year July 1, 2023 through June 30, 2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Certain benefits are self-insured and claims incurred under the terms of the plan for such benefits are paid directly from the plan's trust fund.

Insurance Information

The plan has insurance contracts with Kaiser Foundation Health Plan Northwest, Gentle Dental, Vision Service Plan, Dental Health Services CA, Dental Health Services of Washington, Kaiser Foundation Health Plan Northern California, Delta Dental of California, Kaiser Washington, Kaiser Foundation Health Plan Southern California, Harbor Dental Associates, Cigna Life Insurance Co. Of North America and Life Map-Regence Life and Health Insurance Company to pay certain health, prescription drug, dental, vision, life, and accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending June 30, 2024 were $231,417,676.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending June 30, 2024, the premiums paid under such "experience-rated" contracts were $65,759,737 and the total of all benefit claims charged under these experience-rated contracts during the plan year was $57,735,455.

Basic Financial Statement

Benefits under the plan are provided by insurance and a trust fund. Plan expenses were $969,243,373. A total of 25,972 persons were participants in or beneficiaries of the plan at the end of the plan year. The value of plan assets, after subtracting liabilities of the plan, was $127,106,604 as of June 30, 2024, compared to $122,320,307 as of July 01, 2023. During the plan year, the plan experienced an increase in its net assets of $4,786,297. During the plan year, the plan had total income of $974,029,670 including employer contributions of $944,184,722, employee contributions of $20,210,988, earnings from investments of $1,034,744, and Medicare subsidy $8,599,216. These expenses included $65,136,956 in administrative expenses and $904,106,417 in benefits paid to participants and beneficiaries and to insurance carriers for the provision of benefits.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Financial information;
3. Assets held for investment;
4. Insurance information, including sales commissions paid by insurance carriers; and
5. Information on payments to service providers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 1188 Franklin Street, 3rd Floor, San Francisco, CA 94109-6800 and phone number, 415-673-8500.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: 1188 Franklin Street, 3rd Floor, San Francisco, CA 94109-6800, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)

June 2025

NEWS ABOUT YOUR HEALTH AND PENSION BENEFITS

The information that follows concerns health and pension benefits for *eligible* active and retired *L*ongshoremen, Ship Clerks, Walking Bosses/Foremen and Watchmen, and their qualified dependents.

✳ **Women's Health and Cancer Rights Act of 1998:**
On October 21, 1998 Congress passed the "Women's Health and Cancer Rights Act of 1998." Under this law, effective January 1, 1999 health plans must provide the following coverage after a mastectomy, as determined in consultation with the attending physician and the patient:

- ⇨ reconstruction of the breast on which the mastectomy was performed
- ⇨ surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance
- ⇨ prostheses (artificial replacements)
- ⇨ services for physical complications resulting from the mastectomy

All ILWU-PMA Welfare Plan health care programs provide this coverage and are in compliance with the law. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. *If you have any questions on WHCRA benefits, please contact your respective health plan or the Benefit Plans Office.*

✳ **Life Insurance Beneficiary Designation Form (for Active and Retired Longshoremen):**
Please remember to keep your Beneficiary Designation Form current. Changes in beneficiary designation may be made at any time by submitting a new Beneficiary Designation Form to the Benefit Plans Office. The Beneficiary Designation Form is available at your Local and the Benefit Plans Office.

Beneficiary Designation Forms must be submitted to the Trustees c/o the ILWU-PMA Benefit Plans Office, 1188 Franklin Street, Suite 101, San Francisco, CA 94109. A change in beneficiary designation is not effective until the completed and signed form is received by the Trustees at the Benefit Plans Office.

✳ **Active and Retired Member's Address Changes:**
It is important to notify the Plan office when your **address changes**. To request an address change, call the Benefit Plans Office at (415) 673-8500 to request an Active Record Change Form, or a Pensioner Change of Address Form, or you can download the form at www.benefitplans.org. Actives and Retirees can also send a signed written address change request to: ILWU-PMA Benefit Plans, 1188 Franklin Street, Suite 101, San Francisco, CA 94109. Signed documentation can also be faxed to (415) 749-1321.

✳ **Who May Sign on Behalf of Pensioners:**
Under the rules of the ILWU-PMA Pension Plan, pension checks, address change requests, etc., must be signed by the pensioner or other person authorized to act on the pensioner's behalf, such as a court appointed guardian and/or conservator of the pensioner's estate. Under certain circumstances, benefit payments may be mailed to a pensioner in care of a Social Security Representative Payee or the holder of a power of attorney, and such person will be allowed to sign on the pensioner's behalf for certain

Plan purposes. Documentation of the status as guardian, conservator, Social Security Representative Payee or holder of power of attorney must be sent to, and found acceptable by, the Benefit Plans Office before a signature other than the pensioner's can be accepted. These are the only circumstances under which anyone other than the pensioner will be allowed to sign on the pensioner's behalf for any Pension or Welfare Plan purpose.

✳ **Pensioners/Survivors:**

If your ILWU-PMA pension check is being **mailed** to your home/post office box, consider signing up for Electronic Fund Transfer (EFT). EFT is a more efficient way of depositing your benefit payments – your payment is transmitted electronically and does not go through the postal service. With EFT, you always know what day your funds will be deposited into your account. Information about EFT and sign-up forms are available from the Benefit Plans Office (415-673-8500), from your Area Welfare Director, at the ILWU Locals, or may be downloaded at www.benefitplans.org. Signed forms can be sent to: ILWU-PMA Benefit Plans, 1188 Franklin Street, Suite 101, San Francisco, CA 94109. Signed forms can also be faxed to (415) 749-1321.