## ILWU-PMA BENEFIT PLANS / International Longshore & Wo

International Longshore & Warehouse Union www.benefitplans.org

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ILWU-PMA Pension Plan ILWU-PMA Welfare Plan ILWU-PMA Watchmen Pension Plan

December 21, 2023

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

FROM: Jacquie Gasparro, Manager, Pension Plans

**INFORMATION FOR PENSIONERS** SUBJECT:

**2024 Medicare Part B Premium Reimbursement** 

2023 IRS Form 1099-R

Attached is information which will be mailed to the homes of all pensioners in December 2023. The 2023 1099-R tax forms will be mailed to the homes of all pensioners before January 31, 2024.

Attachments.

Area Welfare Directors cc:

A copy of this memo can be downloaded at <u>www.benefitplans.org.</u>

## ILWU-PMA BENEFIT PLANS /

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

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ILWU-PMA Pension Plan ILWU-PMA Welfare Plan ILWU-PMA Watchmen Pension Plan

December 2023

TO:

THIS MAILING CONTAINS INFORMATION FOR PENSIONERS, SURVIVING SPOUSES AND ALTERNATE PAYEES UNDER THE ILWU-PMA PENSION PLAN OR THE ILWU-PMA WATCHMEN PENSION PLAN AND PENSIONERS AND BENEFICIARIES RECEIVING MEDICARE PART B REIMBURSEMENT UNDER THE ILWU-PMA WELFARE PLAN.

**1099-R FORM:** Your tax Form 1099-R reflecting the total amount of pension payments issued in 2023 and the amount of federal income tax withheld, if any, <u>will be distributed in a separate mailing before January 31, 2024.</u>

Watchmen pensioners who receive benefit payments either from Lincoln National Life Insurance Company or Allstate Life Insurance Company will receive tax Form 1099-R from the insurance company for payments issued in 2023. The information provided below regarding normal and disability pensions is applicable to Lincoln National and Allstate payments.

**NORMAL AND DISABILITY PENSIONS:** These payments are considered ordinary income for tax purposes by the IRS. Your Form 1099-R will show the total amount of pension payments issued in 2023 in **Box 1** and the taxable amount of such payments in **Box 2a**. The amount of federal income tax withheld, if any, is shown in **Box 4**. **Box 7** shows an IRS code which identifies the type of pension (distribution) you received. Recipients will be required to attach Form 1099-R to their returns if Federal income tax withholding is shown in **Box 4**. A sample of a blank Form 1099-R appears on the reverse side of this page for your reference.

Under IRS regulations some disability pensioners may be entitled to claim a tax credit on account of disability. Individual tax advisers or the IRS can assist disability pensioners in determining whether or not they are entitled to such credit.

\*\*\*\*\*\*\*\*\*

Federal income taxes are automatically withheld from Pension Plan payments in required amounts unless pensioners elect otherwise. Pensioners who receive their pension payments outside the United States may <u>not</u> elect exemption from withholding. **Withholding election forms are available at the Locals and can be requested from the Benefit Plans Office or can be downloaded at <u>www.benefitplans.org</u>. <b>Elections may be made and revoked as often as desired.** Penalties may be incurred under federal tax rules if sufficient tax is not withheld from pension payments and payments of estimated tax are not adequate.

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**CALIFORNIA RESIDENTS ONLY:** The amount of State income tax withheld, if any, is shown in **Box 14** of Form 1099-R. Recipients will be required to attach Form 1099-R to their returns if California income tax withholding is shown in **Box 14**.

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#### **INFORMATION OFTEN REQUESTED BY TAX ADVISERS, LAWYERS, AND THE IRS**

**MEDICARE PART B PREMIUM REIMBURSEMENTS:** The Benefit Plans Office has been advised that under IRS regulations Medicare Part B premium reimbursements are not subject to income tax. Therefore, the amount reimbursed by the Benefit Plans Office for Medicare Part B premiums is not included on Form 1099-R.

All Pension Plan benefits are employer contributed, with no contribution by the longshoreman, ship clerk, walking boss/foreman, surviving spouse, alternate payee or watchman.

NOTE: THIS BULLETIN IS BEING DISTRIBUTED AS A MATTER OF CONVENIENCE AND IS NOT INTENDED AS TAX ADVICE. YOU SHOULD NOT RELY ON THIS BULLETIN AS TAX ADVICE. ALL QUESTIONS REGARDING TAXES OR TAXABILITY OF BENEFIT PAYMENTS SHOULD BE REFERRED TO YOUR INDIVIDUAL TAX ADVISER OR THE IRS.

Form		SA	MPL	E		
1099-R	·	CORRECTED (if checked)			OMB No. 1545-0119 <b>2</b>	023
1 Gross distribution  2b Taxable amount not determined		2a Taxable amount  SAMPLE  Total distribution			Distributions From Pensions, Annuities Retirement o Profit-Sharing Plans IRAs, Insuranco Contracts, etc	
PAYER'S na	ame, str	eet address, cit	ty, state	and ZIP	code	
		SAN	MPLE			
PAYER'S Tax identificat	tion numbe	r	RECIPIEN	T'S Tax ide	entification number	
3 Capital gain (included in box 2a)		4 Federal income tax withheld SAMPLE		nheld	5 Employee contribution Designated Roth contributions or insurance premiums	ns/
6 Net unrealized appreciation in employer's securities		7 Distribution code	e(s)	IRA/SEP/ SIMPLE		%
in employer's securit						
9a Your percentage of	total distrib	oution	9b Total e	mployee c	ontributions	
9a Your percentage of						<u> </u>
9a Your percentage of					I ontributions , city, state and ZIF	code
9a Your percentage of		d street addres	ss (incl. a			code
9a Your percentage of		d street addres				code
9a Your percentage of  RECIPIENT'S r	name an	d street addres	ss (incl. a	apt. no.)		
9a Your percentage of  RECIPIENT'S r  10 Amount allocable to 5 years	name an	d street addres	MPLE	apt. no.)	, city, state and ZIF	
9a Your percentage of  RECIPIENT'S r	name an	d street addres	MPLE	apt. no.)	, city, state and ZIF	
9a Your percentage of  RECIPIENT'S r  10 Amount allocable to 5 years	name an	d street addres	NPLE Roth contri	b. 1	, city, state and ZIF	
9a Your percentage of  RECIPIENT'S r  10 Amount allocable to 5 years  13 Date of Payment.	name an	d street addres  SAN  11 1st year of desig.  Account Number(s	NPLE Roth contri	b. 1	, city, state and ZIF  2 FATCA filing requireme  4 State tax withheld	

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For Pensioners and Beneficiaries receiving Medicare Part B Reimbursement under the ILWU-PMA Welfare Plan:

#### **MEDICARE PREMIUM RATE**

The Medicare Part B premium for 2024 will be \$174.70 per person for most members whose modified adjusted gross income does not exceed \$103,000 (\$206,000 for couples). Individuals whose modified adjusted gross income exceeds that amount, or who are Social Security recipients whose cost of living adjustment covers the increase in Medicare Part B premiums deducted from their Social Security benefits, are subject to higher premium amounts.

All Pensioners and Beneficiaries who receive a monthly Medicare Part B premium reimbursement from the Plan must submit documentation annually to the Benefit Plans Office verifying the amount of their monthly premium so that they can be reimbursed accurately. (Please note: new Pensioners and Beneficiaries may have a 2024 monthly Medicare Premium rate of \$174.70.)

If you receive a Medicare Part B reimbursement amount which you believe is incorrect, please contact the Benefit Plans Office immediately.

#### **DISABLED PERSONS UNDER AGE 65**

A disabled person <u>under age 65</u> is entitled to Medicare coverage after the 24th month of his or her social security benefit entitlement. Under provisions of the Welfare Plan, eligible pensioners and their dependents and survivors under age 65 must notify the Benefit Plans Office when they become eligible for Medicare due to disability. **If you have not reported your own or your dependent's entitlement to Medicare – please do so now**, as this will allow us to reimburse your Medicare premium.

#### **ALL PERSONS**

The Benefit Plans Office must be notified about any of the events listed below:

1. CHANGE OF MARITAL STATUS: Divorce, Marriage, Death of Spouse (Record Change Forms are available at the ILWU Locals or can be downloaded at <a href="https://www.benefitplans.org">www.benefitplans.org</a> to report this change. SEE "GENERAL FORMS")

#### 2. PENSIONER CHANGE OF ADDRESS

(Pensioner Change of Address Forms are available at the ILWU Locals or can be downloaded at <a href="https://www.benefitplans.org">www.benefitplans.org</a> to report this change. SEE "OTHER PENSION FORMS")

#### 3. CHANGE OF MEDICARE STATUS

(Contact the Benefit Plans Office-Welfare Department to report these changes.)

- Loss of Medicare Part B eligibility
- Medicare entitlement before age 65
- Part B premium paid by a third party (another Employer or a State Agency, e.g., Medicaid or Medi-Cal)

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### THIS IS FOR ELECTRONIC FUND TRANSFER (EFT) PARTICIPANTS ONLY

## **ELECTRONIC FUND TRANSFER DEPOSIT DATES FOR THE YEAR 2024 PENSION PAYMENTS**

MONTH OF PAYMENT	DATE CREDITED TO YOUR ACCOUNT			
January	1/2/2024 - Tuesday			
February	2/1/2024 – Thursday			
March	3/1/2024 – Friday			
April	4/1/2024 – Monday			
Мау	5/1/2024 – Wednesday			
June	6/3/2024 – Monday			
July	7/1/2024 – Monday			
August	8/1/2024 – Thursday			
September	9/3/2024 – Tuesday			
October	10/1/2024 - Tuesday			
November	11/1/2024 — Friday			
December	12/2/2024 – Monday			
January 2025	1/2/2025 – Thursday			

Please check with your financial institution as to the time of day when your pension payment will be credited to your account.