



**SHEET METAL WORKERS'
INTERNATIONAL ASSOCIATION
LOCAL UNION NUMBER 83**

718 Third Street, Albany, NY
12206-2007

PHONE (518) 489-1377

FAX (518) 453-9284

December 28, 2015

Dear Member;

Very important information is contained below with reference to health insurance, prescription drugs, HRA and Union Business. Please read this information carefully and keep a copy for your records should you need to refer to it.

A while ago you were notified to effective January 1, 2016 destroy your Blue Shield card that you had used in 2015. Since the BlueShield card you recently received was the incorrect card, a new one is being issued to you this week for use beginning January 1, 2016. Hold on to the 2015 Blue Shield card until you get the re-issued corrected joint BlueShield/RX card.

If you do not receive the corrected insurance card prior to January 1, 2016 and need to go to the hospital or a doctor use the new card that was issued. If you need to get an RX before the joint card arrives use the RX information on the back of the old BlueShield card.

It is our understanding that the correct BlueShield/RX card should arrive by December 31, 2015, but as a precautionary measure we ask you to hold on to the existing card.

If you have any issues in getting your prescriptions we are listing the RX Bin number and the RX Group number to give to the pharmacist to ensure you are charged correctly. The **RX Bin# is 610014** and the **RX Group # is HNRXS**.

HRA Information

Please keep in mind that you must submit your 2015 claims by March 31, 2016 in order to be reimbursed for claims for services and co-pays incurred in 2015.

Below is the printed material outlining how the HRA will be working in 2016 which is from the summary plan description you were sent a while ago. Keep in mind that if you want to make claims now or after January 1, 2016 those claims should be submitted to Jaeger & Flynn. Reminder there is a black out period where no claims will be processed by the new provider until January 11, 2016.

If you need the forms or information on how to file a claim please refer to the Local 83 website which is smwlocal83.org.

How will the HRA Plan Work?

The HRA Plan will reimburse you for eligible Health Care expenses to the extent that you have a positive balance in your HRA Account. The following procedure should be followed:

- You must submit a claim to the Claims Processing Administrator and provide any additional information requested by the Claims Processing Administrator;
- A request for payment must relate to Health Care Expenses incurred during the time you were covered under this Plan; and
- A request for payment must be submitted by March 31st following the close of the Plan Year in which the Health Care Expense arose.

Claims must be submitted in writing or electronically through the use of an issued debit card for such purpose. If a claim is submitted in writing, the Claims Processing Administrator will require that Participants submit claims on a form provided by the Claims Processing Administrator. The claim must set forth:

- The person or persons on whose behalf the Health Care Expenses were incurred;
- The nature and date of the Health Care Expenses so incurred;
- The amount of the requested reimbursement; and
- A statement that such Health Care Expenses have not otherwise been reimbursed and are not reimbursable through any other source and that any flexible spending account coverage, if any, for such Health Care Expenses has been exhausted.

Each written claim must be accompanied by bills, invoices, or other statements from an independent third party showing that the Health Care Expenses have been incurred and showing the amounts of such Health Care Expenses, along with any additional documentation that the Claims Processing Administrator may request. Generally, no claim for reimbursement may be made unless and until the aggregate claims for reimbursement total at least \$25.00, although there is an exception made for the final reimbursement claim for a Plan Year.

Union Information

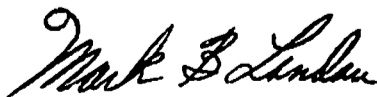
We anticipate that it will remain slow work wise for the next several months and there has been and will be job bank opportunities available. If you are interested and have not yet contacted the office to be placed in the job bank please do so. Keep in mind that job bank registration is no longer permanent and must be renewed every three months.

We have not yet had enough people sign up to take the foreman's training class. Before we set up dates and times we must get at least 4 additional people to sign up. If you are interested in doing so please call Angela @ 518-489-1377 x 5 or email her at angelalu83@nycap.rr.com.

With the large quantity of non-union jobs out there we have decided to start picketing, hand billing and bannering in an effort to get contractors to either sign agreements with our local or discourage mechanical contractors in giving their work out to non-signatory contractors. We will be looking for volunteers to help the local perform these tasks. If you are interested in helping please contact Rusty Monahan @ 518-489-1377 x2 or email him at rmsmlu83@nycap.rr.com.

In an effort to make sure that we have accurate records the Local needs to be informed when you are laid off or return to work. At time the Department of Labor checks on the unemployed member's availability for work and wants to verify the date they are on the out of work list. If we do not have this information it could lead to one's unemployment being stopped until further investigation is performed by their office. It is bad enough that you have to live on unemployment and a delay in receiving weekly checks will only create more hardship for the member and his family. So please inform us timely.

Fraternally,



Mark Landau
President/Business Manager, Funds Manager

SUMMARY ANNUAL REPORT

FOR

SHEET METAL WORKERS LOCAL 83 INSURANCE FUND

THIS IS A SUMMARY OF THE ANNUAL REPORT FOR THE SHEET METAL WORKERS LOCAL 83 INSURANCE FUND, (EMPLOYER IDENTIFICATION NO. 14-1435258, PLAN NO. 501) FOR THE PERIOD JANUARY 1, 2014 TO DECEMBER 31, 2014. 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

THE VALUE OF PLAN ASSETS, AFTER SUBTRACTING LIABILITIES OF THE PLAN, WAS \$10,068,146 AS OF DECEMBER 31, 2014 COMPARED TO \$7,584,174 AS OF JANUARY 1, 2014. DURING THE PLAN YEAR THE PLAN EXPERIENCED AN INCREASE IN ITS NET ASSETS OF \$2,483,972. THIS INCREASE INCLUDES UNREALIZED APPRECIATION OR 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. DURING THE PLAN YEAR, THE PLAN HAD TOTAL INCOME OF \$8,369,884. THIS INCOME INCLUDED EMPLOYER CONTRIBUTIONS OF \$7,256,515, EMPLOYEE CONTRIBUTIONS OF \$701,086, REALIZED GAINS OF \$27,729 FROM THE SALE OF ASSETS AND EARNINGS FROM INVESTMENTS OF \$253,454. PLAN EXPENSES WERE \$5,885,912. THESE EXPENSES INCLUDED \$307,059 IN ADMINISTRATIVE EXPENSES AND \$5,578,853 IN BENEFITS PAID TO PARTICIPANTS AND BENEFICIARIES.

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. ASSETS HELD FOR INVESTMENT; AND
3. INSURANCE INFORMATION INCLUDING SALES COMMISSIONS PAID BY INSURANCE CARRIERS.

TO OBTAIN A COPY OF THE FULL ANNUAL REPORT, OR ANY PART THEREOF, WRITE OR CALL THE OFFICE OF THE PLAN SPONSOR

SHEET METAL WORKERS LOCAL 83 INSURANCE F
EMPLOYER
718 THIRD STREET
ALBANY, NY 12206-2007
14-1435258 (EMPLOYER IDENTIFICATION NUMBER)

Over →

518-489-7144

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. THESE PORTIONS OF THE REPORT ARE FURNISHED WITHOUT CHARGE.

YOU ALSO HAVE THE LEGALLY PROTECTED RIGHT TO EXAMINE THE ANNUAL REPORT AT THE MAIN OFFICE OF THE PLAN:

SHEET METAL WORKERS LOCAL 83 INSURANCE F
718 THIRD STREET
ALBANY, NY 12206-2007

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 BENEFITS SECURITY ADMINISTRATION, PUBLIC DISCLOSURE ROOM, 200 CONSTITUTION AVENUE, NW, SUITE N-1513, WASHINGTON, D.C. 20210.

SUMMARY ANNUAL REPORT

FOR

SHEET METAL WORKERS LOCAL NO. 83 ANNUITY FUND

THIS IS A SUMMARY OF THE ANNUAL REPORT FOR THE SHEET METAL WORKERS LOCAL NO. 83 ANNUITY FUND, (EMPLOYER IDENTIFICATION NO. 14-1758410, PLAN NO. 001) FOR THE PERIOD JANUARY 1, 2014 TO DECEMBER 31, 2014. 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 A TRUST (BENEFITS ARE PROVIDED IN WHOLE FROM TRUST FUNDS). PLAN EXPENSES WERE \$807,083. THESE EXPENSES INCLUDED \$64,935 IN ADMINISTRATIVE EXPENSES AND \$742,148 IN BENEFITS PAID TO PARTICIPANTS AND BENEFICIARIES. A TOTAL OF 456 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 \$16,701,385 AS OF DECEMBER 31, 2014 COMPARED TO \$14,714,728 AS OF JANUARY 1, 2014. DURING THE PLAN YEAR THE PLAN EXPERIENCED AN INCREASE IN ITS NET ASSETS OF \$1,986,657. THIS INCREASE INCLUDES UNREALIZED APPRECIATION OR 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 \$2,793,740, INCLUDING EMPLOYER CONTRIBUTIONS OF \$1,927,587, OTHERS CONTRIBUTIONS OF \$769, EARNINGS FROM INVESTMENTS OF \$861,192 AND OTHER INCOME OF \$4,192.

THE PLAN HAS CONTRACTS WITH NATIONWIDE LIFE INSURANCE COMPANY, AND NATIONWIDE LIFE INSURANCE COMPANY WHICH ALLOCATE FUNDS TOWARD INDIVIDUAL POLICIES. THE TOTAL PREMIUMS PAID FOR THE PLAN YEAR ENDING DECEMBER 31, 2014 WERE \$0.

MINIMUM FUNDING STANDARDS

ENOUGH MONEY WAS CONTRIBUTED TO THE PLAN TO KEEP IT FUNDED IN ACCORDANCE WITH THE MINIMUM FUNDING STANDARDS OF ERISA.

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Over →

1. AN ACCOUNTANT'S REPORT;
2. ASSETS HELD FOR INVESTMENT;
3. INSURANCE INFORMATION INCLUDING SALES COMMISSIONS PAID BY INSURANCE CARRIERS; AND
4. INFORMATION REGARDING ANY COMMON OR COLLECTIVE TRUST, POOLED SEPARATE ACCOUNTS, MASTER TRUSTS OR 103-12 INVESTMENT ENTITIES IN WHICH THE PLAN PARTICIPATES.

TO OBTAIN A COPY OF THE FULL ANNUAL REPORT, OR ANY PART THEREOF, WRITE OR CALL THE OFFICE OF THE PLAN SPONSOR

SHEET METAL WORKERS LOCAL NO. 83 ANNUITY
718 THIRD STREET
ALBANY, NY 12206-2007
14-1758410 (EMPLOYER IDENTIFICATION NUMBER)
518-489-1377

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. THESE PORTIONS OF THE REPORT ARE FURNISHED WITHOUT CHARGE.

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SHEET METAL WORKERS LOCAL NO. 83 ANNUITY
718 THIRD STREET
ALBANY, NY 12206-2007

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 BENEFITS SECURITY ADMINISTRATION, PUBLIC DISCLOSURE ROOM, 200 CONSTITUTION AVENUE, NW, SUITE N-1513, WASHINGTON, D.C. 20210.