For many of us, the end of the year is a time of reflection. This process often includes evaluating how you are doing in achieving your life’s goals, especially when it comes to your financial well-being and the benefits you receive as an IATSE National Benefit Funds participant. And our annual open enrollment period empowers you to take action to help realize your aspirations at the very same time.

Please take advantage of this opportunity to take a fresh look at the options before you. What worked best last year might not this year, depending on how your circumstances have changed.

As you do so, please take a close look at the mailings you recently received from the Fund Office — these can also be found on our website: www.iatsenbf.org. And you will find summaries of these mailings and other useful information in this issue of *Behind the Scenes*.

As you’ll read, we are pleased to inform you that the Health & Welfare Fund’s Board of Trustees determined there will be no increase in CAPP rates for the second six month cycle in a row. At the same time, please be aware of the large difference in costs for Plan C-1 versus Plans C-2, C-3 and C-4 in making your choices for 2018.

Managing your Annuity Fund account online and staying on top of your pension are also important ways both to keep track of how you’re doing in planning for your future and to make the right decisions for you and your family.

In addition, we’re sharing with you information I hope you’ll find useful in protecting your health, from avoiding the damaging impact of blue light on your eyes, to how to save money on hearing aids, to how to make the most of your dental benefits.

And above all, with flu season upon us, please get your no-cost flu vaccination from CVS pharmacies if you haven’t done so already.

On behalf of the entire team at the National Benefit Funds, we wish you and your family a warm, healthy and joyous holiday season.

Anne J. Zeisler
The Health & Welfare Fund’s Board of Trustees recently announced that CAPP charges will not change for the six month period between April 1 and September 30, 2018. This is the second six month cycle in a row for which rates have stayed the same.

During the annual open enrollment process for January 1, 2018 coverage, please talk with your family and review all of the coverage options available under Plan C and the associated costs before you make your election for 2018. The cost for Plan C-1 is extremely high due to claims utilization and the small number of covered participants. Anyone covered in Plan C-1 should review the quarterly CAPP charges compared to Plans C-2, C-3 and C-4. Many of the potential out-of-pocket costs in Plans C-2, C-3 or C-4 will be more than offset by the larger quarterly CAPP charges for Plan C-1.

See below for instructions on enrolling in the stand-alone MRP option.

### HOW TO ENROLL IN THE MRP

During the 2018 Open Enrollment period, please be aware that there are important requirements you must follow if you want to enroll in the Plan C—Medical Reimbursement Program (MRP).

If you choose to participate in the MRP as a stand-alone option for 2018, you must provide proof that you have employer- or union-sponsored group health insurance that meets the minimum value standards of the Patient Protection and Affordable Care Act (ACA) and will cover you and/or your family in 2018. This requires either:

- A copy of the front and back of your identification card for your other employer- or union-sponsored group health insurance that will cover you and/or your family in 2018. The card must clearly state that it is group coverage. OR

- If your coverage identification card does not clearly state that it is for a group health plan, you must provide the Fund Office with a statement from the insurance carrier or

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### QUARTERLY COSTS TO YOU

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<tr>
<th>PLAN C CAPP ACCOUNT CHARGES</th>
<th>QUARTERLY COSTS TO YOU</th>
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<tr>
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<td>Current CAPP Charge</td>
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ELIGIBILITY

You can participate in the R-MRP Plan if you meet all of the following conditions:

- You are enrolled in Medicare, either because you are over age 65 or because you receive Social Security Disability benefits.
- You have a balance remaining in your active Plan C CAPP account.
- You are not “active,” meaning that the IATSE National Health & Welfare Fund has not received any employer contributions on your behalf during an eligibility period (such as August - October for the coverage quarter beginning January) or the Fund received such contributions, but your CAPP account is less than the cost of Plan C-4.

HOW TO ENROLL

To participate in the R-MRP Plan, you must submit your Medicare ID card to the IATSE National Health & Welfare Fund Office, indicating you are enrolled in Parts A & B — or if you are not yet 65, a copy of your Social Security Disability Award. If you wish to enroll your spouse or child, you must provide the Fund Office with proof of their dependent status. Once you submit this documentation, you will be automatically enrolled in the R-MRP Plan unless you have been deemed “active” as described above.

REIMBURSEMENTS

The R-MRP Plan provides reimbursement for IRS-approved medical expenses up to the amount of your available account balance as long as your claim is filed within 12 months of the earliest date of service. You must submit a completed claim form and all necessary documentation. And you and your spouse or dependents must be enrolled in the R-MRP Plan both when you incur the expense and when you submit your claim.

To get more details about what medical expenses qualify, you can read or download the MRP Guidebook on the Fund’s website (www.iatsenbf.org), you can call the Fund Office at 1-800-456-3863, or you can go to www.irs.gov and download Publication 502.

You may not use your R-MRP balance to purchase active Plan C coverage and it may never be transferred to an active Plan C CAPP account. If you prefer to remain in Plans C-1, C-2, C-3, or C-4 instead of participating in the R-MRP Plan, please contact the Fund Office.

If you have questions, please call the Participant Services Center at 1-800-456-3863, send an email to PSC@iatsenbf.org or write to us at 417 Fifth Avenue, 3rd Floor, New York, NY 10016.
CALL A NURSE, ANYTIME, ANYWHERE

Health problems don’t wait for a convenient time to arise. They can hit you at home at 3:00 a.m., or on the jobsite at 3:00 p.m. But no matter when or where a health issue crops up, you have access to a nurse with one easy telephone call.

For those enrolled in Health and Welfare Plans A, C-1, C-2, C-3 and C-4, the National Health and Welfare Fund’s claims administrator, Empire BlueCross BlueShield, has put the 24/7 NurseLine at your disposal. With 24/7 NurseLine, you can ask registered nurses a variety of questions and get advice on whatever ails you. For example, registered nurses can:

- Help you choose the right level of care.
- Connect you with the right medical providers and specialists.
- Refer you to LiveHealth Online, a tool that allows you to have live video chats with board-certified doctors using a smartphone, tablet or computer and webcam. This service is available with only a $10 copayment for all Plan enrollees!
- Enroll you and your dependents in valuable care management programs for certain health conditions.
- Remind you about scheduling important screenings and exams, such as routine dental cleanings and vision tests.
- Give you tips on how to relieve allergies and other chronic conditions.
- Provide guidance during natural catastrophes and health outbreaks.
- Offer links to health-related educational videos or audio topics

Plus, 24/7 NurseLine is connected with Empire’s other health and wellness programs, so you have access to the best resources for the best health results.

To access 24/7 NurseLine, call 877-825-5276. It’s that easy!

ADDITIONAL DISTRIBUTIONS ALLOWED FOR VICTIMS OF HURRICANES HARVEY, IRMA AND MARIA AND CALIFORNIA WILDFIRES

The Annuity Fund will allow hardship distributions for participants who worked or lived in an area declared a disaster (as defined by the IRS) as a result of Hurricanes Harvey, Irma, or Maria, or the California Wildfires, for any need arising out of those disasters. In addition, participants whose direct descendant (child, grandchild, etc.) or ascendant (parent, grandparent, etc.) lived or worked in an area declared a disaster as a result of the Hurricanes or Wildfires can take a hardship withdrawal for the needs of that relative related to those disasters. These special rules are in effect only until January 31, 2018 for Hurricanes Harvey and Irma and until March 15, 2018 for Hurricane Maria and the California Wildfires. The usual rules as to which monies are available for a hardship distribution still apply. In addition, for participants residing in Puerto Rico on September 20, 2017 who are not working, there is no wait period for distributions based on employment termination for applications submitted before January 31, 2018. For more information, contact the Participant Services Center.
HEAR MORE CLEARLY, PAY LESS DEARLY
EPIC HEARING SERVICE PLAN OFFERS DISCOUNTS

Your Davis Vision plan doesn’t only benefit the eyes; it benefits the ears, too. All participants of the IATSE National Health & Welfare Fund can now receive valuable discounts through Davis Vision’s partnership with EPIC’s Hearing Service Plan.

The nation’s first specialty care plan devoted to the vital sense of hearing, EPIC provides members with discounts of up to 60 percent off the retail prices of brand-name hearing aids from major manufacturers. These include Phonak, Unitron, Hansaton, Resound, Starkey, Signia, Widex, and Oticon. Members can save an average of $1,005 on basic hearing aids and $1,200 on premium hearing aids.

Using your EPIC Hearing Service Plan involves the following steps:

- Call the provider on your referral activation form to schedule an appointment. If you haven’t received this form, you can get it on the Fund’s website, www.iatsenbf.org, or you can call the Fund Office at 1-800-456-FUND (3863) to receive one. When you call you will be given an identification number entitling you to the discount.

- The provider will evaluate your hearing health and recommend the appropriate treatment.

- The provider will submit your hearing aid recommendation to EPIC.

- A hearing counselor will contact you to review the recommendation and coordinate how you will make payment.

- The provider will order your hearing aid(s) and recommend accessories, if needed.

- Your 45-day trial period begins when you receive your hearing aid(s).

All hearing aids come with a guaranteed warranty covering repair, damage, and one-time loss. Basic level hearing aids have a one-year warranty while all others last for three years. If you lose your hearing aid during the extended warranty period, a replacement fee may apply.

Hearing aids (other than basic) also come with a one-year supply of batteries at no additional cost. They are mailed directly to you after the 45-day trial period is completed.

And if you currently have hearing aids, you can trade in your old ones and receive a $150 credit for advanced level devices and a $250 credit for premium level devices.

PLAN FOR YOUR RETIREMENT — STAY ON TOP OF YOUR PENSION

It’s never too early to plan for your retirement and see how you’re doing. That’s why, if you participate in the IATSE National Pension Fund, are still working and are not receiving pension benefits, you should keep track of your pension credits. And if you are receiving benefits, you should take regular action to manage and monitor your pension.

Here’s how to do that:

- **If you have not retired and are not yet receiving pension benefits**, request a pension statement. You have a legal right to a statement showing your earned pension credits and an estimate of your pension at retirement. To do so, please request a pension benefit statement and/or estimate in writing from the Fund Office. **Requests must be made in writing.**

- **If you’re retired and receiving benefits from the Fund**, there are three steps you should take. First, check the Fund Office’s contact information for you and make sure it is fully up to date, so you’ll receive your checks and other important information without any problems. Second, return your Pension Verification Form to the Fund Office immediately, if you haven’t already. Be sure to sign it and have it notarized. If we don’t receive it, your pension checks will be put on hold. And third, regularly review the taxes withheld from your pension check. This is not required, but it’s helpful to do so. To change the amount for any reason, contact the Fund Office.

- **If you’re still working but receiving pension benefits**, you must notify the Fund Office about any work you are doing in which your employer is making contributions on your behalf under a collective bargaining agreement.

- **If you’re receiving a disability benefit**, you must provide proof to the Pension Fund each year that your disability continues.
As a result, repeated exposure damages the eyes over time, potentially leading to conditions such as macular degeneration that can lead to visual impairment and even blindness.

Blue light can also harm your sleep. More than 80 percent of Americans report using digital devices in the hour before going to sleep, which has been shown to disrupt sleep patterns by making the brain more alert and suppressing production of the sleep hormone melatonin.

And children are at special risk, because their eyes have not fully developed. More than three in four Americans report that their children get more than two hours of screen time every day, a level of usage that is not good for eye health.

But there are reasonable steps you can take to protect your eyes from excessive blue light exposure, according to the Health and Welfare Fund’s vision carrier, Davis Vision. You should:

- **Follow the 20/20/20 rule.** While working on a computer or using an electronic device, take a break from looking at the screen every 20 minutes, and instead focus on an object located 20 feet away for 20 seconds.

- **Ask about special coatings.** Eyewear is available with lenses that filter blue light and reduce its negative effects. If you spend a lot of time using the computer or other devices, ask your provider about these lenses — they may be covered as part of your benefit. Davis Vision offers fixed lens pricing on all coatings and enhancements so you aren’t left guessing at the time of purchase.

- **Wear your shades.** Keep your eyes protected against harmful light by wearing sunglasses outdoors. Transitions Signature offers adaptive lenses that keep your eyes out of harm’s way, both indoors and outdoors.

- **Schedule an eye exam.** An annual eye exam is one of the best ways to prevent eye strain and the harmful effects of blue light exposure. Your optometrist will be able to recommend computer, reading or regular glasses based on your overall needs.
MAKE THE MOST OF YOUR DENTAL PLAN

If you receive dental coverage from the Health and Welfare plan, there are several easy steps you can take to maximize your benefits. The plan’s dental carrier, Delta Dental, recommends that you:

- **Save with your PPO.** Visit a dentist from the PPO network to maximize your savings. These dentists have agreed to reduced fees, and you won’t get charged more than your expected share of the bill. Find a PPO dentist at deltadentalins.com.

- **Seek preventive care.** Regular exams and cleanings are available at low or no cost. These services help catch problems before they require costly and extensive treatment. So you’ll save money on the front and back ends.

- **Set up an online account.** Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com. This free service lets you find a network dentist, view or print your ID card and more. The registration process takes only a minute.

- **Go paperless.** Receive an email when a new dental benefits statement is available. To enroll, log in to Online Services and update your settings.

- **Try mobile.** Visit deltadentalins.com on your smartphone to access mobile-optimized Online Services — including a helpful dentist locator tool.

- **Talk to your dentist.** From pregnancy to diabetes, overall health can affect your dental health. Start each visit with a quick chat about any issues.

- **Stay informed.** Get tools and tips at Delta Dental’s wellness site, mysmileyway.com. And subscribe to Grin!, Delta Dental’s free wellness e-magazine.

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If you receive dental coverage from the Health and Welfare plan, there are several easy steps you can take to maximize your benefits. The plan’s dental carrier, Delta Dental, recommends that you:

1. **Save with your PPO.** Visit a dentist from the PPO network to maximize your savings. These dentists have agreed to reduced fees, and you won’t get charged more than your expected share of the bill. Find a PPO dentist at deltadentalins.com.

2. **Seek preventive care.** Regular exams and cleanings are available at low or no cost. These services help catch problems before they require costly and extensive treatment. So you’ll save money on the front and back ends.

3. **Set up an online account.** Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com. This free service lets you find a network dentist, view or print your ID card and more. The registration process takes only a minute.

4. **Go paperless.** Receive an email when a new dental benefits statement is available. To enroll, log in to Online Services and update your settings.

5. **Try mobile.** Visit deltadentalins.com on your smartphone to access mobile-optimized Online Services — including a helpful dentist locator tool.

6. **Talk to your dentist.** From pregnancy to diabetes, overall health can affect your dental health. Start each visit with a quick chat about any issues.

7. **Stay informed.** Get tools and tips at Delta Dental’s wellness site, mysmileyway.com. And subscribe to Grin!, Delta Dental’s free wellness e-magazine.

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**GET YOUR FREE FLU SHOT BEFORE IT’S TOO LATE**

It’s flu season, so don’t let yourself go unprotected. You can get your free flu shot at 68,000 convenient locations throughout the country, including CVS Pharmacy®, the Health and Welfare Fund’s prescription drug administrator.

In addition, CVS Pharmacy® offers other vaccines to prevent common illnesses at 100 percent coverage by your plan. There is no copay. Just bring your prescription card and valid photo ID.

- **Preventive care vaccines for adults** include Zoster (Zostavax), Tetanus, Diphtheria Toxoids, and Hepatitis A & B.

- **Preventive care vaccines for children** (birth to age 18) include Measles, Mumps, Rubella and Varicella.

- **Preventive care vaccines for children and adults** include Pneumonia, Hepatitis A, Hepatitis B, Human Papillomavirus, Varicella, Measles, Mumps, Rubella, Meningococcal, Tetanus, Diphtheria, and Pertussis.

Be sure to call for availability and to make an appointment, if needed.

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1. **In Texas, Delta Dental offers a Dental Provider Organization (DPO) plan.**
2. **You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist.**
3. **You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services. However, PPO dentists won’t bill you for any amount over their PPO fees.**
4. **Vaccines are available when immunizing pharmacist is on duty, while supplies last. Most vaccines require a prescription (except for the flu shot).**
5. **The vaccines listed are generally covered under the Affordable Care Act by non-grandfathered health plans and health plans sold on an Exchange by Qualified Health Plans or QHPs, and typically do not require cost sharing if provided by an in-network provider, consistent with specified dosage limits and satisfaction of age and other vaccine specific requirements. Other restrictions may apply. Check with your health plan if you have any questions about your benefits.**
6. **Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.**
You have the power to view, analyze and manage your Annuity Fund account from the convenience of your computer or tablet — anytime, anywhere.

If you have any other Wells Fargo accounts with online access, you’re already registered and can access your Annuity Fund account simply by logging in at www.wellsfargo.com.

But if you don’t have other Wells Fargo accounts, here are some easy steps that will empower you to take charge of your Annuity Fund account:

- **Go online at www.wellsfargo.com.** Go to the top of the page and click “Enroll.” After registering, select your Annuity Fund account from the Account Summary page and view your online retirement plan Dashboard. If you don’t see your Annuity Fund account on the Account Summary screen after signing on, select the “More” button at the top of the page. Click “Accounts and Settings” and then click “Profile and Settings.” Expand the “Manage Online Settings” menu and select “Add Accounts.” Your retirement plan should appear on the screen — click it and you will then be able to access it.

- **Call Wells Fargo toll-free at 1-866-728-3357 to access your Annuity Account by phone.** To do so, you’ll need your Social Security number (SSN) and your personal identification number (PIN), which is initially the last four digits of your SSN. Call anytime Monday through Friday from 7:00 a.m. to 11:00 p.m. Eastern Time.

- **Save paper and time** by electing to receive statements and plan information by email. You can also choose receive occasional emails with helpful retirement planning information designed for you and your financial goals, including invitations to webinars and information about new tools and resources. To do this, sign on to your account at www.wellsfargo.com. After selecting your plan name on the Account Summary page, choose the “My Settings” link at the top of the page, and then “Delivery Preferences.”

- **Watch a video walking you through each step.** To watch it, scan the code below using a QR code reader — or go to www.brainshark.com/wellsfargoitg/AnnuityFundRegistration.
ADD TO YOUR RETIREMENT SECURITY:
CONTRIBUTE TO THE 401(k) FEATURE OF THE IATSE ANNUITY PLAN

Individuals employed under Pink Contracts between IATSE and the Broadway League (the “Pink Contract”) and certain other agreements providing for 401(k) participation are eligible to participate in the 401(k) feature of the IATSE Annuity Plan, which permits you to make tax-deferred contributions to the Plan.

For the 2018 Plan year, you may contribute up to 85% of your salary (subject to certain limitations) earned while you are a participant in the 401(k) portion of the Annuity Plan, on a tax-deferred basis, subject to the IRS maximum ($18,500 for 2018). This contribution, called a deferred salary contribution, is completely voluntary and does not affect your employer’s obligation to contribute to the Annuity Fund. If you are age 50 or older as of December 31, 2018, you may contribute up to an additional $6,000 in 2018 as a catch-up contribution for a total maximum allowable deferral of $24,500.

Note: Salary, as currently defined in the Pink Contract, does not include overtime, penalties, per diem or any other additional payments. The percentage of salary you elect to defer will not be applied to any portion of your salary that exceeds the amount on which employer contributions are based under the Pink Contract or other applicable agreement. By law, your employer may not contribute on salary above annual limits set by the IRS ($275,000 in 2018).

You may elect to start or change these contributions at any time while you are employed under the Pink Contract or other agreement providing for Annuity Plan 401(k) participation. Any change will take effect as soon as practicable after the Fund Office receives a revised Deferred Salary Agreement.

PARTICIPATION

Participation in the Annuity Plan’s 401(k) option is available to Plan participants whose employers contribute at least 3% of salary to the Annuity Fund on their behalf, as required by a collective bargaining or participation agreement, provided that the employer has agreed in its collective bargaining or participation agreement to participate in the Annuity Plan’s 401(k) option.*

Currently, the Pink Contract requires contributing employers to contribute an amount in excess of 3% of salary (as defined above) to the Annuity Fund on behalf of eligible employees. Other employers participating in the 401(k) feature contribute to the Annuity Fund (either weekly or monthly) the amounts set forth in the applicable contract, which will be no less than 3% of salary. This employer contribution is called a non-elective contribution. Both your deferred salary contribution and the employer’s non-elective contribution are 100% vested immediately and non-forfeitable and are subject to a combined annual limit set each year by the IRS (for example, $55,000 in 2018). Catch-up contributions for those who are age 50 or older as of December 31, 2018 are not included in the combined annual limit.

*Other participants employed under certain collective bargaining agreements in the motion picture industry may be eligible for salary deferrals even though their employer does not contribute 3% or more of salary. This notice does not apply to such participants. Please review the Summary Plan Description or contact the Fund Office for more information.

DISTRIBUTION OF ACCOUNT BALANCE

You are eligible to receive a distribution from the Annuity Plan if:

- you retire on or after normal retirement age (65),
- you separate from service with all contributing employers (there is a two-month waiting period if you are between ages 55 and 65, and a six-month waiting period if you are under age 55) and have not returned to service with a contributing employer, or
- you are permanently and totally disabled (as defined by the Plan).

You may also withdraw salary deferrals at age 59-1/2 even if you are still employed. The Fund also allows hardship withdrawals of certain monies contributed to and received by the Fund on or after January 1, 2010; the 3% non-elective contribution is not eligible for hardship withdrawal.

Note: You are not eligible to receive a distribution from the Plan if you cease to be eligible to make deferred salary contributions but you remain employed by a contributing employer to this Plan.

If you die, the Plan will distribute the balance of your account as a death benefit under the rules of the Plan.

For more information about contributions or how to make deferrals to the Plan, refer to your Summary Plan Description (available online at www.iatsenbf.org or from the Fund Office).

Reminder: Participation in the Annuity Plan’s 401(k) feature is voluntary. Whether or not you participate, your employer must continue to make any non-elective contributions to the Plan required by the collective bargaining or participation agreement on your behalf.
Note: The 2016 Annual Funding Notice for the I.A.T.S.E. National Pension Fund (mailed in April 2017) replaces the Summary Annual Report disclosure requirement for this Fund. Please contact the Fund office if you need a copy of the 2016 Annual Funding Notice.

I.A.T.S.E. NATIONAL HEALTH & WELFARE FUND

This is a summary of the annual report of the I.A.T.S.E. National Health & Welfare Fund, EIN 23-7333434, Plan No. 501, for the period January 1, 2016 through December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the I.A.T.S.E. National Health & Welfare Fund has committed itself to pay certain health benefit claims incurred under the terms of the plan.

Insurance Information
The plan has contracts with The United States Life Insurance Company In The City Of New York, Berkley Life and Health Insurance Company, Davis Vision, Inc., and Triple S Salud, Inc. to pay health, vision, life insurance, temporary disability, prescription drug, stop loss, PPO, indemnity and Major Medical, Teleconsulta, Organ and Tissue Transplant claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2016 were $3,203,376.

Basic Financial Statement
The value of plan assets, after subtracting liabilities of the plan, was $374,939,885 as of December 31, 2016, compared to $311,275,939 as of January 01, 2016. During the plan year the plan experienced an increase in its net assets of $63,663,946. This increase includes unrealized appreciation and 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 $3,561,053, including employer contributions of $3,555,656, and earnings from investments of $5,397.

Plan expenses were $3,757,531. These expenses included $330,657 in administrative expenses, and $180,702,771 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. financial information;
3. information on payments to service providers;
4. assets held for investment;
5. transactions in excess of 5% of the plan assets;
6. insurance information, including sales commissions paid by insurance carriers; and
7. information regarding any common or collective trusts, 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 Executive Director, I.A.T.S.E. National Health & Welfare Fund, 417 Fifth Avenue, 3rd Floor, New York, NY 10016, (212) 580-9092. The charge to cover copying costs will be $14.50 for the full annual report or $0.25 per page for any part thereof.

I.A.T.S.E. NATIONAL VACATION FUND

This is a summary of the annual report of the I.A.T.S.E. National Vacation Fund, EIN 23-7345994, Plan No. 501, for the period January 1, 2016 through December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the I.A.T.S.E. National Vacation Fund has committed itself to pay vacation benefits as provided under the terms of the plan.

Basic Financial Statement
The value of plan assets, after subtracting liabilities of the plan, was $3,422,217 as of December 31, 2016, compared to $3,618,695 as of January 01, 2016. During the plan year the plan experienced a decrease in its net assets of $196,478. This decrease includes unrealized appreciation and 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 $3,561,053, including employer contributions of $3,555,656, and earnings from investments of $5,397.

Plan expenses were $3,757,531. These expenses included $330,657 in administrative expenses, and $3,426,874 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. financial information;
3. information on payments to service providers; and
4. assets held for investment.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Executive Director, I.A.T.S.E. National Vacation Fund, 417 Fifth Avenue, 3rd Floor, New York, NY 10016, (212) 580-9092. The charge to cover copying costs will be $5.25 for the full annual report or $0.25 per page for any part thereof.

I.A.T.S.E. ANNUITY FUND

This is a summary of the annual report for the I.A.T.S.E. Annuity Fund, EIN 13-3088691, Plan No. 001, for the period January 1, 2016 through December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).
SUMMARY PLAN DESCRIPTION

Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement
Benefits under the plan are provided by a trust fund. Plan expenses were $39,452,888. These expenses included $4,921,713 in administrative expenses and $34,531,175 in benefits paid to participants and beneficiaries. A total of 74,379 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 $754,333,955 as of December 31, 2016, compared to $695,273,698 as of January 01, 2016. During the plan year the plan experienced an increase in its net assets of $59,060,257. This increase includes unrealized appreciation and 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 $98,513,145, including employer contributions of $60,311,004, employee contributions of $5,522,777, earnings from investments of $32,464,044, and other income of $215,320.

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. information on payments to service providers;
4. assets held for investment;
5. fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationship with the plan); and
6. information regarding any common or collective trusts, 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 Executive Director, I.A.T.S.E. Annuity Fund, 417 Fifth Avenue, 3rd Floor, New York, NY 10016, (212) 580-9092. The charge to cover copying costs will be $8.25 for the full annual report or $0.25 per page for any part thereof.

OTHER INFORMATION
You also have the right to receive from the Fund Office, 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, these two statements and accompanying notes will be included as part of that report. The charges to cover copying costs given above do 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 Funds at 417 Fifth Avenue, 3rd Floor, New York, NY 10016 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.

BOARD OF TRUSTEES

UNION TRUSTEES
Matthew D. Loeb
Brian J. Lawlor
James B. Wood
Daniel E. DiTolla
Patricia White
Michael F. Miller, Jr.
William E. Gears

EMPLOYER TRUSTEES
Christopher Brockmeyer
Carol A. Lombardini
Paul Libin
Michael Campolo
Robert W. Johnson
Hank Lachmund

EXECUTIVE DIRECTOR
Anne J. Zeisler

ADMINISTRATION

SUPPORTING CAST

Here’s a list of the organizations that support and administer our programs. You can find contact information in the summary plan descriptions or link to any of their websites through ours (www.iatsenbf.org).

HOSPITAL AND HEALTH
Empire Blue Cross Blue Shield Triple-S

PRESCRIPTION DRUG
CVS Health

VISION
Davis Vision

DENTAL
Delta Dental
A.S.O./S.I.D.S.

MEDICAL REIMBURSEMENT PROGRAM (PLAN C-MRP AND R-MRP)
The Fund Office

PHYSICAL EXAM AND HEARING AID BENEFIT
A.S.O./S.I.D.S.

LIFE INSURANCE
MetLife

ANNUITY
Wells Fargo
HOW YOU CAN REACH US

At the Fund Office, we welcome your questions or requests for information. There are a number of ways to reach us.

**DROP IN** — We’re located on the third floor at 417 Fifth Avenue, between 37th and 38th Streets.

**CALL US** — In New York, the number is 212-580-9092. The toll-free number is 1-800-456-FUND (3863).

**SEND US A FAX** —
- Our main fax number: 212-787-3607
- Benefits: 212-730-7706
- Contracts & Contributions: 212-792-8322
- Finance: 212-792-8321
- Pension: 212-792-8323
- Executive Director: 212-792-8320

**SEND AN EMAIL** to the Participant Services Center (PSC@iatsenbf.org).

PLEASE NOTE THAT THE FUND OFFICE WILL BE CLOSED IN OBSERVANCE OF THE FOLLOWING 2018 HOLIDAYS:

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Year’s Day</td>
<td>January 1</td>
</tr>
<tr>
<td>Martin Luther King Jr. Day</td>
<td>January 15</td>
</tr>
<tr>
<td>Presidents’ Day</td>
<td>February 19</td>
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<tr>
<td>Good Friday</td>
<td>March 30</td>
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<tr>
<td>Memorial Day</td>
<td>May 28</td>
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<tr>
<td>Independence Day</td>
<td>July 4</td>
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<tr>
<td>Labor Day</td>
<td>September 3</td>
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<tr>
<td>Columbus Day</td>
<td>October 8</td>
</tr>
<tr>
<td>Veterans Day</td>
<td>November 12</td>
</tr>
<tr>
<td>Thanksgiving</td>
<td>November 22</td>
</tr>
<tr>
<td>Day after Thanksgiving</td>
<td>November 23</td>
</tr>
<tr>
<td>Christmas</td>
<td>December 25</td>
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</tbody>
</table>