

BEHIND THE SCENES



FROM THE EXECUTIVE DIRECTOR:

As the end of 2025 nears, I hope that this issue of *Behind the Scenes* helps you navigate through some important details regarding your benefits and provides you with some helpful information. I encourage you to read this edition of the newsletter and to register on the Funds' website, www.iatsenbf.org, so you can get the very best of your benefits.

In this issue, I'm pleased to share that the Board of Trustees has determined that CAPP account charges for all Health Fund Plan C options will remain unchanged for the six-month period beginning April 1, 2026 (page 2). This decision follows the Board's careful review of benefit costs and projections and reflects its diligent fiscal management even as healthcare costs continue to rise nationwide. As a reminder, the annual open enrollment period starts soon, and the deadline for the Health Fund to receive your coverage selections is December 15th. Please review all Plan C coverage options and their costs with your family before making your selection for 2026.

This issue contains an important update about the Annuity Fund's catch-up salary deferral contributions for those who are age 50 or older (page 3) and the new rule related to uncombining Health Fund Plan C CAPP accounts (page 11). You'll also find

an important reminder on what is required, annually, to enroll in the Plan C Medical Reimbursement Program as a stand-alone option (page 4). You can also read about staying on top of your pension benefits (page 5) and understanding your rights under the No Surprises Act so you can avoid unexpected medical bills (page 6).

This issue also contains information on the Retiree-Only Medical Reimbursement Program (page 10), and how to avoid participation termination or forfeiture under Health Plan C (page 12). Plus, dental health tips to keep your smile strong (page 9), how the Funds' redesigned website makes it easier to access your benefit information, monitoring your vacation benefits (page 8), and a reminder about educational resources available from the Annuity Fund's recordkeeper (page 7).

On behalf of the staff of the Funds Office and myself, I wish you a joy filled end of 2025 and a happy, healthy and prosperous New Year.

Best wishes,

Anne J. Zeisler

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Health & Welfare Plan C CAPP Rates Remain Unchanged and Reminder About Open Enrollment

The IATSE National Health & Welfare Fund Board of Trustees has determined that CAPP charges will remain unchanged for all Plan C options for the six-month period beginning April 1, 2026, for both individual and family coverage. In reaching this decision, the Board of Trustees carefully reviewed past claims experience and projected costs for each Plan C option. The Board and the Fund’s consultants monitor the Plans’ developing costs and work with the Fund’s vendors to control costs. This effort has made it possible for the Board to maintain the current CAPP account charges at this time. Nevertheless, please remember that hospital, medical and prescription drug costs continue to increase throughout the United States. In the future, CAPP account charges may increase based on a review of plan experience and future cost projections.

As a reminder, your CAPP account for the April 1st coverage quarter will include any employer contributions received by the Fund Office during November and December 2025 and January 2026, as well as any monies remaining in your CAPP account from employer contributions prior to that time.

The open enrollment period runs mid-November through December 15. During this period, you can change your coverage option and add eligible dependents for coverage beginning January 1, 2026. Your enrollment form and any required copayment must be received by the Fund Office by December 15, 2025, for the January 1 to March 31, 2026 coverage quarter.

We encourage you to review all Plan C coverage options and their costs and talk with your family before making your selection for 2026. We note that the cost for Plan C-1 remains very high, and anyone considering Plan C-1 should review the quarterly CAPP charges compared to Plans C-2, C-3 and C-4, especially if paying out of pocket for Plan C-1. Many of the potential out-of-pocket costs in Plans C-2, C-3 or C-4 may be offset by the larger CAPP charge for Plan C-1.

Plan C-2 provides coverage to the largest number of Fund participants and is the Fund’s first default plan for those who do not timely elect coverage. Plan C-3 only covers services provided by in-network providers and has a deductible of \$1,000 per individual and \$2,500

per family; therefore, the quarterly CAPP charges are lower than those for Plan C-2. Plan C-4, a high-deductible health plan, may also provide you with sufficient coverage depending on your needs or the needs of your family. As you consider your selection, it may be helpful to visit the Fund’s website, www.iatsenbf.org. There you can find a side-by-side benefit comparison of Plans C-1, C-2, C-3 and C-4, called “**Plan C Benefits at a Glance**.”

If you have a CAPP account balance that exceeds the charge for two quarters of your enrollment choice, you can use the excess amounts for the reimbursement of certain medical expenses (Plan C-MRP), as detailed in the Plan’s Summary Plan Description booklet.

If the balance in your CAPP account is not sufficient to cover the CAPP charge for the coverage option of your choice, you can self-pay the difference. The fastest and easiest way to make a self-payment is through the Fund’s website via MasterCard or Visa; you will get an immediate payment confirmation.

We encourage you to check your CAPP account balance, either on-line at www.iatsenbf.org, by e-mail at PCS@iatsenbf.org or by calling the Fund Office toll free at 1-800-456-FUND (3863).

The current quarterly CAPP charges and the future quarterly CAPP charges for the six-month period from April 1, 2026 through September 30, 2026 are as follows:

Plan C CAPP Account Charges

	QUARTERLY COSTS TO YOU	
	Current CAPP Charge Effective 10-01-25 to 03-31-26	CAPP Charge to be Effective 04-01-26 to 09-30-26
PLAN C-1 Coverage		
Individual	\$5,964	\$5,964
Family	\$12,639	\$12,639
PLAN C-2 Coverage		
Individual	\$3,045	\$3,045
Family	\$4,956	\$4,956
PLAN C-3 Coverage		
Individual	\$2,232	\$2,232
Family	\$3,360	\$3,360
PLAN C-4 Coverage		
Individual	\$1,293	\$1,293
Family	\$2,157	\$2,157
Triple-S Coverage		
Individual	\$963	\$963
Family	\$1,956	\$1,956



Update on Annuity Fund Catch-up Salary Deferral Contributions—Roth Requirement Further Delayed

As previously announced, eligible participants can continue to make pre-tax catch-up salary deferral contributions to the Annuity Fund in 2026. A recent law (the SECURE 2.0 Act) that requires certain high earners to remit catch-up salary deferral contributions to the Annuity Fund on a Roth (post-tax) basis was scheduled to go into effect in 2026. **However, recent guidance delayed this requirement for multiemployer plans like the Fund.**

Here is some information about catch-up salary deferral contributions:

What are catch-up contributions?

Fund participants age 50 and older are allowed to make pre-tax salary deferral contributions up to a *higher* limit than younger participants. In 2025, those under age 50 were permitted to defer up to \$23,500, and those age 50 or older could defer an additional \$7,500, for a total deferral limit of \$31,000. This additional deferral amount (\$7,500 in 2025) is known as a “catch-up” contribution. It allows those closer to retirement to “catch-up” on their retirement savings. In addition, those between the ages of 60 and 63 have an even higher catch-up limit (a “super” catch-up limit); in 2025 that limit was \$11,250. This higher limit is available to those who turn ages 60 through 63 in the calendar year, but is no longer available starting in the year in which the participant turns age 64; only the regular over age 50 catch-up is available at that time. These limits are expected to increase in 2026.

What changes does the Secure 2.0 Act make to catch-up contributions?

The SECURE 2.0 Act requires catch-up contributions to be remitted on a Roth (post-tax) basis for certain high earners (generally, those earning more than \$145,000 in the prior year). As noted, that requirement was scheduled to go into effect in 2026, but has now been delayed for the Fund and other multiemployer plans. *Based on current guidance, we do not expect the requirement to apply to Annuity Fund participants until January 1, 2031.*

Who is eligible to defer salary to the IATSE Annuity Fund?

As a reminder, in order to make any salary deferrals to the Fund, a participant must be eligible under the Fund’s rules and their collective bargaining agreement must allow such deferrals.

If you have questions about the Fund’s rules, please review the Summary Plan Description, available on the Funds’ website, www.iatsenbf.org, or by request to the Fund Office, by calling 212-580-9092 (Toll Free 800-436-FUND (3863)) or emailing PSC@iatsenbf.org.



How to Enroll in the Plan C-Medical Reimbursement Program (MRP) Stand-Alone Option

As you prepare for the 2026 Open Enrollment period, which ends December 15, 2025, here's what you need to know about enrolling in the Plan C-Medical Reimbursement Program (MRP) as a stand-alone option:

- If you want to participate in Plan C-MRP as a stand-alone option for 2026, you must provide proof that you have employer- or union-sponsored group health coverage that meets the minimum value standards of the Patient Protection and Affordable Care Act (ACA) that will cover you in 2026.
- If you want to submit MRP claims for your eligible spouse and/or dependent(s), you must sign and submit a certification affirming that your spouse and/or dependent(s) are also covered by an employer- or union-sponsored group health plan that meets the ACA minimum value standards.
- To get reimbursed for claims from Plan C-MRP, you must submit a new signed claim form each time you submit a claim. You can obtain a claim form on the Fund's website, www.iatsenbf.org. You must include copies of all Explanation of Benefits (EOBs) from your employer- or union-sponsored group health plan.

To enroll in Plan C-MRP as a stand-alone option for 2026, you must send the required documents to the Fund Office during the 2026 Open Enrollment period (and they must be received by December 15, 2025), even if you have sent the information previously. Specifically, to participate in Plan C-MRP as a stand-alone option for 2026, you must *both*:

1. Submit a copy of the front and back of your identification card for your other employer- or

union-sponsored group health plan that will cover you (and your family if applicable) in 2026. The card must clearly state that it is **group** coverage.

- NOTE: 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 plan sponsor verifying that the coverage is a **group** health plan through employment.

AND

2. Sign and submit the certification statement affirming that your other coverage meets the minimum value standards of the ACA.

If you do not have a copy of your identification card by the December 15th enrollment deadline, please provide a letter from your employer or other group health plan sponsor confirming that you will be enrolled in the group health coverage as of January 1, 2026. You must then provide a copy of your identification card as soon as it is available. Please contact the Fund's Participant Services Center via email or telephone if you have any questions—Email address: PCS@iatsenbf.org; Phone Number: **1-800-456-3863**.

Please note that participants in Plan C-MRP are charged an administrative fee of \$60 per quarter.



Stay Connected to Your Pension Benefits

When you participate in the IATSE National Pension Fund, we encourage you to stay informed about your benefits. As a participant, you can receive a statement of your earned pension credits, an estimate of your pension at retirement, and information about whether you are vested.

Your retirement benefit is based on the pension credits you've earned and the employer contributions made to the Fund on your behalf. That's why it's important to periodically check on your credits. This can be done by visiting our website, www.iatsenbf.org. Simply log in and go to My Dashboard to find your pension information. Here you will be able to view your pension benefit status, credits, and work history information, as well as request a pension application or estimate and obtain important documents. You may also contact the Fund Office in writing to request a pension benefit statement and/or estimate, via email to pension@iatsenbf.org or by mail to the Fund Office, attention Pension Department. You are entitled to one statement every 12 months.

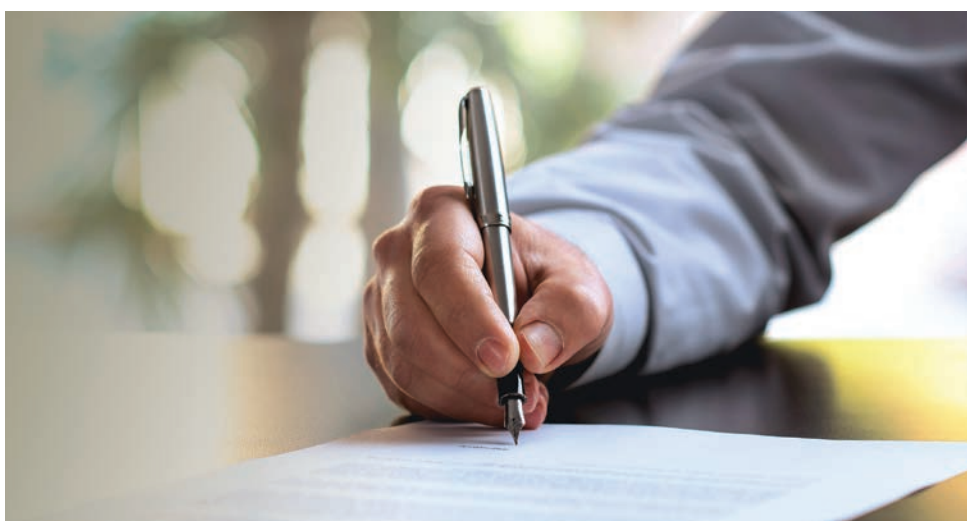
If you're currently receiving your pension benefits, please take the following steps:

- 1. Keep your contact information current.** Make sure the Fund Office has your up-to-date address and telephone number.
- 2. Elect Direct Deposit.** If you haven't enrolled in direct deposit, consider doing so. Obtain a form at www.iatsenbf.org, or request one by emailing pension@iatsenbf.org or calling 1-800-456-FUND (3863).

- 3. Return your annual Pension Verification Form promptly.** Return your form to the Fund Office right away if you haven't already done so. Be sure to sign it and have it notarized. If the Fund doesn't receive it, your pension checks will be put on hold.
- 4. Notify us if you're working.** If you're working while receiving your pension, you must notify the Fund Office about any work for which employer contributions are required to be made to the Fund.
- 5. Keep your beneficiaries up to date.** If you want to make any changes to your beneficiaries, you must notify the Fund Office in writing by updating your beneficiary form (available on the Fund's website, www.iatsenbf.org or by calling or emailing the Fund Office at (800) 456-3863 or pension@iatsenbf.org.)

For disability pension recipients: If you're receiving a disability pension from the Fund, you must provide proof each year to the Pension Fund that your disability continues until you reach age 65.

Review your tax withholding: Though not required, we recommend that you periodically review the taxes withheld from your pension check. To adjust the amount for any reason, please contact the Fund Office at (800) 456-3863 or pension@iatsenbf.org.



Protect Yourself: Don't Sign Away Your Rights Under the No Surprises Act

The federal No Surprises Act took effect in 2022 to protect you from certain unexpected medical bills. We want to make sure you understand these protections and the consequences of giving them up—so you don't face surprise healthcare charges. This article contains only highlights of those protections. For more information, please review the Fund's September 28, 2022 notice, available on the Fund's website, by clicking on the Health & Welfare, Plan A or Plan C options, under "Summary Material Modifications."

Key Protections

The No Surprises Act protects you from what's known as "balance billing" by out-of-network providers. That's when a provider bills you for the difference between what your health plan pays and the full charge for the service. The protection applies in three key situations:

- 1. Emergency Care:** If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You cannot be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent to waive your protections against balance billing for these post-stabilization services.
- 2. Out-of-Network Providers at In-Network Facilities:** When you get services at an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network for your plan. The most those providers may bill you is your plan's in-network

cost-sharing amount, unless the provider gives you a required notice and you consent as permitted under the No Surprises Act. However, providers of certain "Ancillary Services" cannot balance bill you and cannot ask for your consent to do so, including emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers cannot balance bill you nor require you to give up your protections.

- 3. Out-of-Network Air Ambulance Services:** In general, you cannot be balance billed for out-of-network air ambulance services. This protection does not apply to ground ambulances.

Read Before You Sign

You are never required to give up your protections from balance billing under the No Surprises Act, although the law allows you to waive these protections in some cases. When you receive documents to sign from your provider or facility, review them carefully.

Why This Matters

If you give up your protections under the No Surprises Act, you may be required to pay substantial additional amounts to your provider or facility (in addition to whatever you would otherwise be required to pay under your plan), and the IATSE National Health & Welfare Fund will not reimburse you or your provider for these additional amounts. They will be your responsibility.



Know Your Rights as a Health & Welfare Fund Participant if You or a Covered Dependent Is a Mastectomy Patient

The Women's Health and Cancer Rights Act of 1998 (WHCRA) includes important information for mastectomy patients who elect breast reconstruction in connection with a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must also provide coverage for certain services relating to the mastectomy in a manner determined in consultation with the attending physician and the patient. Required coverage includes all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications of the mastectomy, including lymphedema. Coverage of breast reconstruction is subject to the same coinsurance and other Plan provisions as other benefits under the Plan option in which you are enrolled.

Your Privacy Matters

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) established standards to guarantee the privacy of personal health information. The intent of HIPAA is to make sure that certain health information that identifies (or could be used to identify) you is protected. This individually identifiable health information is known as "protected health information" (PHI). The IATSE National Health & Welfare Fund will only use or disclose your PHI to the extent necessary for treatment, payment, or plan operations/administration, or as otherwise permitted or required by law and in accordance with its policies. For details about the IATSE National Health & Welfare Fund's policy, see our Privacy Notice on our website (www.iatsenbf.org) or request a copy from the Fund Office.

Please note that the Fund's Privacy Notice was updated as of November 1, 2025 to allow the Health Fund to disclose information to a family member or friend involved in your care, unless you have previously filed a written objection with the Health Fund to any such disclosures without your authorization. The Health Fund previously limited such disclosures to a spouse or domestic partner involved in your care.

Preparing For Your Retirement—Annuity Fund

The IATSE Annuity Fund provides an important piece of participants' retirement security. The Annuity Fund's recordkeeper, Principal® can help you as you plan your retirement, with information for each phase of your life and career.

Take control of your retirement journey by exploring the educational resources available on the Principal® website. Visit <https://www.principal.com/CareerJourneyHub>.



Check Your Vacation Benefits

Do you participate in the IATSE National Vacation Fund? If so, it's important to monitor your benefits and make sure you're properly and fully credited for all employer contributions required to be made to the Fund on your behalf.

You can do this in three easy steps:

- 1. Verify your eligibility.** Go to www.iatsenbf.org and access your personal dashboard. Your work history records will reflect what amount, if any, has been contributed to the Vacation Fund on your behalf. If you think you should have received a contribution but it is not reflected in Fund's records, please contact the Participant Services Center as soon as possible by email (PSC@iatsenbf.org) or by phone (800-456- FUND).
- 2. Make sure your contact information is up to date.** You can do this by going to our website or contacting the Fund Office by email (PSC@iatsenbf.org) or by phone (800-456- FUND).
- 3. Sign up for direct deposit.** This is the quickest way to receive your check.
 - Go to www.iatsenbf.org/storage/app/media/forms/Vacation-Fund-Direct-Deposit.pdf to print out the form or request a copy from the Participant Services Center (email: PSC@iatsenbf.org, phone: 800-456-FUND).
 - Once you complete the direct deposit form, you must return it to the Fund by mailing it to our offices at IATSE National Benefit Funds, 417 Fifth Avenue, 3rd Floor, New York, NY 10016-2204 or faxing it to the Fund Office at 646-783-7650. Please contact the Participant Services Center if you need help.
 - All direct deposit forms must be returned to the Fund Office by March 1st in order for it to apply to the distribution that will be made in that calendar year (which generally occurs in the spring).

Keep Your Information Current— It's Easier Than Ever

Keeping your contact information up to date is important and it ensures that you receive essential communications from the Funds about your benefits and reported work. It's also important to keep the Funds updated about your dependents and beneficiaries.

Do you need to update your address, phone number, email address, or names and addresses of dependents and beneficiaries? If so, it can be done easily by logging on to our website at www.iatsenbf.org. With a clean, streamlined interface, you can find what you need and make updates in just a few clicks.

Update your information with the Funds today and stay connected to all your benefits and options.

Game Plan for Healthy Teeth



By taking care of your teeth today, you can stop cavities from happening tomorrow. Brush twice a day, floss daily and keep your teeth strong by drinking fluoridated water and choosing healthy foods.

The opposition

The secret to a healthy smile? Understanding what you're up against. Learn about your teeth's enemies and how to fight back.



Plaque

Your biggest rival is plaque — a sticky, colorless film that collects on your teeth every day. When you eat, bacteria in

plaque transform food sugars to acids, which then attack tooth enamel for 20 minutes afterwards. Over time, plaque forms tartar, a hard deposit that only your dentist can remove.

Since plaque is invisible, fight back with your secret weapon: disclosing solution. Buy one at a drugstore or make your own by mixing two drops of blue or green food coloring with two teaspoons of water. The solution “discloses” the location of plaque on your teeth, revealing any spots you’ve missed while brushing.



Decay

When plaque isn't conquered regularly, tooth enamel breaks down, causing decay. Decay spreads from the outside towards the center

of your tooth. Detected early, it can be treated by a filling. If left untreated, decay may eventually reach the nerve, causing a serious toothache that may require a root canal or tooth extraction.



Diet

What you eat and drink affects your teeth. Sugar in any form, including honey and even natural sugars found in fruit and dairy

products, can damage your teeth. The most harmful sugars are those that stick to your teeth, like caramel, and those that remain in your mouth for a long time, like hard candies. Starchy foods, such as potato chips and crackers, also contain sugars that affect teeth. So, if you do consume sugars, be sure to brush afterwards.



deltadentalins.com/enrollees

Retiree-Only Medical Reimbursement Program (R-MRP) Plan

If you're enrolled in Medicare Parts A & B—whether based on your age or because you qualify for Social Security Disability—you can enroll in the **Retiree-Only Medical Reimbursement Program (R-MRP) Plan**. The R-MRP Plan is designed to help with your out-of-pocket health care costs. Here's what you should know about how the R-MRP Plan works:

You become eligible for the R-MRP Plan when you are enrolled in Medicare (Parts A & B), **retire** and have a balance remaining in your active Plan C CAPP account. "Retired" means that you are age 65 or you have a Social Security Disability Award and are not "active" as defined by the IATSE National Health & Welfare Fund. "Active" means that the Fund has received employer contributions on your behalf during an eligibility period (e.g., August - October for the coverage quarter beginning January) and your active CAPP account balance is equal to or greater than the cost of one quarter of Plan C-4 single coverage. **That amount is currently \$1,293, through September 30, 2026.** You are no longer "active" if your CAPP account balance is less than this amount or if no contributions are received into your CAPP account during the eligibility quarter.

To enroll in the R-MRP Plan, you must submit a copy of your Medicare ID card to the Fund Office indicating you are enrolled in Medicare Parts A & B and, if you are not yet age 65, a copy of your Social Security Disability Award. If you wish to enroll your eligible dependents (your spouse and/or child) in the R-MRP Plan, you must provide the Fund Office with proof of dependent status (e.g., marriage certificate for your spouse or birth certificates for any dependent children you wish to enroll). Once you submit your Medicare ID card (and Disability Award, if applicable), you will be automatically enrolled in the R-MRP Plan unless you have been deemed active as described above. Note that if you are newly enrolled in Medicare and have not yet received your Medicare ID card, you can submit to the Fund other evidence of enrollment in both Parts A & B, such as a letter from Medicare confirming your enrollment.

Once enrolled in the R-MRP Plan, you can receive reimbursement for IRS-approved medical expenses. Please refer to the MRP Guidebook that is available at www.iatsenbf.org or contact the Fund Office to receive a copy. You can also refer to Internal Revenue Service (IRS) Publication 502 for a list of reimbursable expenses.

The R-MRP Plan will reimburse you for qualified medical expenses up to the amount of your available account balance so long as your claim is filed with the Fund Office within 12 months from the date of service. You must be enrolled in the R-MRP Plan both at the time you incur the expense and at the time you submit your claim. To be reimbursed for your spouse and/or dependent child's expenses, he or she must have been enrolled in the R-MRP Plan both at the time the expense was incurred and at the time you submit the claim for reimbursement to the Fund Office. All necessary documentation must accompany your submission along with a completed and signed claim form.

Please note that you may not use your R-MRP balance to purchase active Plan C coverage (C-1, C-2, C-3, or C-4). Your R-MRP balance may never be transferred to an active Plan C CAPP account.

If you prefer to remain in Plan C-1, C-2, C-3 or C-4 *instead of participating in the R-MRP Plan*, please complete your quarterly enrollment statement and submit any applicable co-payment. This must be received by the Fund Office by the enrollment deadline, for example, December 15th for coverage starting January 1. Alternatively, if you are deemed "active," but do not want to be enrolled in active coverage, you may waive your active CAPP account. But you must do that by the applicable deadline for the coverage period (for example, by December 15th for coverage starting January 1). And remember that there is a quarterly administrative fee of \$25 for each quarter that you are enrolled in the R-MRP Plan. This fee is automatically deducted from your R-MRP account balance during each quarter.





Combining and Uncombining Health Fund Plan C CAPP Accounts: Uncombined CAPP Accounts Will Be Divided Equally Between Spouses Effective April 1, 2026

The Fund allows spouses who are both Plan C participants to make a written request to *combine* their CAPP accounts, with one spouse becoming the primary participant on the account and the other spouse treated as secondary (as a dependent for all Fund purposes). (The “Combined CAPP Account Request Form” is on the Fund’s website at www.iatsenbf.org.)

A combined account is “*uncombined*” when the Fund receives notice of a divorce (or otherwise by written request of both spouses). Under current Plan rules, when an account is uncombined, it is split between the two spouses (or former spouses) based on the proportionate share of employer contributions received by the Fund on behalf of each spouse during the 12 months prior to the Fund’s receipt of the request or notice of divorce.

However, effective April 1, 2026, the Fund’s method of allocating an uncombined CAPP account is changing. ***For any CAPP account that is uncombined effective on or after April 1, 2026, the Fund will divide the CAPP balance equally—transferring one half of the balance to a new CAPP account for the spouse (or former spouse) who is secondary on the account and leaving the other half in the primary participant’s CAPP account.***

The Fund will uncombine a CAPP account effective as of the start of the next quarter following receipt of a written request from both participants or notice of divorce (whichever is received first), provided that such request or notice is received at least 30 days before the start of the next quarter. Therefore, requests to uncombine a CAPP account received on or before December 1, 2025 (applicable to the January 1, 2026 quarter) will be processed in accordance with the current rules described in the Summary Plan Description (based on the proportion of employer contributions received by each spouse in the 12 months prior to the Fund’s receipt of the request or notice of divorce). Any request to uncombine a CAPP account (or notice of divorce) received after December 1, 2025 will be processed in accordance with the new rule—dividing the account evenly between the two spouses (or former spouses)—effective for the quarter beginning April 1st, 2026 or later.

This notice modifies the Health Plan C Summary Plan Description, page 24, with respect to uncombining accounts. Please keep this notice with your copy of the Summary Plan Description.

Avoid a Participation Termination or Forfeiture Under Health Plan C

If you participate in the IATSE National Health & Welfare Plan C, it's important to understand how the rules on participation termination and forfeiture of your CAPP account work, and the steps you can take to avoid losing your account.

Participation Termination: Those Who Are Self-Paying All or Part of the CAPP Charge

Participants who are self-paying all or a portion of the CAPP charge for coverage under a Health Plan C option (including Triple S) lose eligibility for continued participation in Plan C when both of the following happen:

- Your CAPP account balance is zero; and
- Over the preceding 24-month period, the Fund Office has not received employer contributions on your behalf equal to at least the quarterly charge for Plan C-2 single coverage.

When your coverage ends in accordance with this rule, you (and your enrolled eligible dependents) will be given the opportunity to elect to continue coverage on a self-pay basis for a temporary period of time in accordance with the federal law known as COBRA. Under COBRA, you generally are allowed to self-pay for coverage for up to 18 months.

To regain active coverage following a participation termination, you must meet the Fund's rules for re-entry. You will be eligible for re-entry when eligible employer contributions to your CAPP account equal at least the current cost of one month of Plan C-3 single coverage, plus a \$150 administrative fee.

Forfeiture

Plan C CAPP accounts are intended for Plan participants who are working in covered employment in the entertainment industry or are using their CAPP balance (from prior work in the industry) for coverage under the Fund or reimbursement of claims. If a CAPP account has been "inactive" for eight consecutive calendar quarters, the account balance will be forfeited at the end of the eighth calendar quarter.



These forfeitures help to maintain benefits and offset administrative expenses for currently active participants.

Activity that avoids a forfeiture is:

1. coverage in an active Plan option (Plan C-1, C-2, C-3, or C-4, Triple S, or Plan A)**;
2. a paid medical reimbursement (MRP) claim; or
3. receipt of employer contributions credited to your CAPP account.

* Plan A coverage counts as activity only so long as your CAPP account balance is equal to (or more than) the charge for one quarter of C-2 single coverage plus the \$150 administrative fee.

** Mere enrollment in Plan C-MRP as a standalone option (and the related administrative charge) does not count as "activity."

Your quarterly CAPP statement will show the date of your last activity.

If you do not have at least one of these types of activity over eight consecutive quarters, your account will be deemed inactive and your CAPP account will be forfeited. For example, an account that has not had any activity in 2024 or 2025 would be forfeited at the end of 2025.

If, after your CAPP account has been forfeited, employer contributions are made to your CAPP account in the future, then you will be eligible to enroll in one of the Plan C coverage options (including Triple S) once the amount of new employer contributions received on your behalf reaches the monthly cost of Plan C-3 single coverage plus the \$150 administrative fee.



Do You Know Any of These Individuals?

The Fund Office is trying to reach the individuals listed below. If you know anyone on this list, please tell them to contact the Fund Office by calling 1-800-456-FUND (3863) or emailing pension@iatsenbf.org.

Lydia Aabad
Beverly Angus
Joan Atkinson
Michael Baez
Amparo Bailey
David Bank
Sherry Barnhart
Roberta Berg
Victoria Blades
Fernando Bossa-Cintron
Robert Bray
Doris Buberl
Alan Butcher
Rosa Cabrera
Larry Caldwell
Linda Caroselli
Graysley Cintron
Gismaris Cintron
Christopher Cintron
Charlene Collins
Mary Condon
Sylvia Costanzo
Rudy Cresto
James Dalman
Sharron Dechert
Pamela Duncan
Dorothy Engelke

Mauricio Escruceria
Mary Fennell-Cole
Angelina Fredella
Ralph Fredella
Mary Garza
Sonia Gil
Mamie Harrell
John Hart Jr.
Duncan Hennessy
Ryan Hennessy
Bruce Hirstius
Joseph Holler
James Hollums
Susan Houghton
Mary Lou Houston
James Jackson
Indra Kaushal
Brian Kay
Peter Kerchinsky
Aileen Kilburn
Jerry Kobin
Theresa Kong
Brandon Langholz
Jacob Langholz
Harriet Lott
Nicholas Manolakis
Marilyn Marlow

Delaney Marshall
Quinn Marshall
Roger Mattson
William McCray
Robert McKinney
Peggy Mcloughlin
Jimmy Morgan
Peter Muller
Rachel Muller
Michael Murphy
Beverly Noble
Terrence O'Connor
Sara Patterson
John Payne
Aureo Perez
Roberta Peterson
Annie Poirier
Dovie Powell
Nellie Robinson
Margaret Roedig
Niels Roelsgaard
Richard Rogers
Larry Rossch
Herbert Santiago
Gregorio Santos
Florence Schriener
Rodney Schultz

Beckham Sealock
Concetta Sedita
Fanya Shifman
Carol Shurley
Peter Shushkewitch
Ernest Southerland
Deborah Speechly
Donald Stern
John Stewart
Michael Sullivan
Karen Swanson
Molly Sweitzer
Alofa Tauvaga
Steve Vernon
John Walker
Rosalie Wells
Cora Williams
Anne Wootys

I.A.T.S.E. National Pension Fund

Note: The 2024 Annual Funding Notice for the I.A.T.S.E. National Pension Fund (mailed in April 2025) replaces the Summary Annual Report disclosure requirement for this Fund. Please contact the Fund Office if you need a copy of the 2024 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, health plan, for the period January 1, 2024 through December 31, 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).

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

Insurance Information

The plan has contracts with Anthem Blue Cross, Davis Vision, Inc., Metropolitan Life Insurance Company, and Triple S Salud, Inc. to pay health, vision, life insurance, temporary disability, prescription drug, stop loss, PPO, indemnity and major med, Teleconsulta, and organ & tissue transplant claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2024 were \$6,041,696.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$962,402,456 as of December 31, 2024, compared to \$905,851,893 as of January 1, 2024. During the plan year the plan experienced an increase in its net assets of \$56,550,563. 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 \$462,333,572, including employer contributions of \$383,222,138, employee contributions of \$17,174,481, earnings from investments of \$58,707,281, and other income of \$3,229,672.

Plan expenses were \$405,783,009. These expenses included \$16,471,139 in administrative expenses, and \$389,311,870 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 Board of Trustees of the I.A.T.S.E. National Health & Welfare Fund at 417 Fifth Avenue, 3rd Floor, New York, NY 10016-2204, or by telephone at (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, 2024 through December 31, 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).

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$5,513,290 as of December 31, 2024, compared to \$4,861,004 as of January 1, 2024. During the plan year the plan experienced an increase in its net assets of \$652,286. 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 \$5,611,783, including employer contributions of \$5,448,027, and earnings from investments of \$163,756.

Plan expenses were \$4,959,497. These expenses included \$289,980 in administrative expenses, and \$4,669,517 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 Board of Trustees of the I.A.T.S.E. National Vacation Fund at 417 Fifth Avenue, 3rd Floor, New York, NY 10016-2204, or by telephone at (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 Form 5500 Annual Return/Report of Employee Benefit Plan for the I.A.T.S.E. Annuity Fund, EIN 13-3088691, Plan No. 001, for the period January 1, 2024 through December 31, 2024. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a multiemployer defined contribution plan.

Basic Financial Statement

Benefits under the plan are provided by a trust fund. Plan expenses were \$93,151,399. These expenses included \$7,346,687 in administrative expenses, and \$85,804,712 in benefits paid to participants and beneficiaries. A total of 100,475 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 \$1,425,097,999 as of December 31, 2024, compared to \$1,278,839,501 as of January 1, 2024. During the plan year the plan experienced an increase in its net assets of \$146,258,498. 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 \$239,409,897, including employer contributions of \$93,681,577, employee contributions of \$9,366,654, earnings from investments of \$135,613,011, and other income of \$748,655.

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. fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan); and
5. 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 Board of Trustees of the I.A.T.S.E. Annuity Fund at 417 Fifth Avenue, 3rd Floor, New York, NY 10016-2204, or by telephone at (212) 580-9092. The charge to cover copying costs will be \$7.75 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 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. The charge to cover 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 Funds, 417 Fifth Avenue, 3rd Floor, New York, NY 10016-2204 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.

The annual report is also available online at the Department of Labor website www.efast.dol.gov.

Board of Trustees

	UNION TRUSTEES	EMPLOYER TRUSTEES
Health & Welfare Fund Pension Fund Annuity Fund	Matthew D. Loeb James B. Wood Patricia White Michael F. Miller, Jr. Carlos Cota Carl Mulert Chris O'Donnell	Christopher Brockmeyer Carol A. Lombardini Robert W. Johnson Hank Lachmund Jay Barnett Sam C. Shulman Alison Corinotis
Vacation Fund	James B. Wood Michael F. Miller, Jr.	Christopher Brockmeyer Alison Corinotis
EXECUTIVE DIRECTOR Anne J. Zeisler		



417 Fifth Avenue, 3rd Floor,
New York, NY 10016-2204

www.iatsenbf.org

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

Anthem
Triple-S

PRESCRIPTION DRUG

CarelonRx

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

Principal

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.

IN PERSON — Please contact us to make an appointment if you want to visit our office on the third floor of 417 Fifth Avenue in New York. Making an appointment with us in advance will ensure our staff is available to support your needs.

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	646-783-7660
Executive Director	212-792-8320

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

Key Email Addresses for Communicating with the Funds:

- For participant services assistance, psc@iatsenbf.org
- For assistance with appeals, appeals@iatsenbf.org
- For assistance with Annuity Fund matters, annuity@iatsenbf.org
- For assistance with claims matters, claims@iatsenbf.org
- For assistance with pension matters, pension@iatsenbf.org
- For assistance with contract matters, contracts@iatsenbf.org

IATSE National Benefit Funds 2026 Holiday Schedule



New Year's Day	January 1	Labor Day	September 7
Martin Luther King Jr. Day	January 19	Columbus Day	October 12
Presidents' Day	February 16	Veterans Day	November 11
Good Friday	April 3	Thanksgiving	November 26
Memorial Day	May 25	Day after Thanksgiving	November 27
Juneteenth	June 19	Christmas	December 25
Independence Day	July 3rd (observed)		