Winter 2026 Volume 21 Issue 2

BEHIND THE SCENES













FROM THE EXECUTIVE DIRECTOR:

I hope this winter edition of *Behind the Scenes* finds you and your loved ones healthy and well.

As you plan your 2027 Health Plan C enrollment, please note that, after careful consideration of the Plan's benefit costs and the rising costs of medical care, hospital services, and prescription drugs, the Board of Trustees has decided to increase CAPP account charges for Plans C-1, C-2 and C-3 by $95 per month ($285 per quarter) beginning April 1, 2027, while charges for Plan C-4 and Triple-S remain unchanged (page 2). Open enrollment runs mid-November through December 15, so please review all Plan C options and their costs with your family before choosing.

I'm pleased to share several new Health Fund benefits that are designed to make health care more accessible and affordable. Starting November 1, 2026, the Health Fund covers in-network care at the Samuel J. Friedman Health Center for the Performing Arts in New York at no cost to participants and their eligible family members (page 10). Additionally, if you take a prescribed specialty medication, the new Anthem Cost Relief Program can bring your cost for eligible medications down to $0 (page 8).

In this issue, you'll also find information about a new rule giving you more time to submit MRP and R-MRP claims for dependent children who turn 26 (page 4), guidance on enrolling in Medicare as you approach age 65 (page 3), and a reminder about the confidential 24/7 support available through the Member Assistance Program (page 6). There also is information about a new installment payment option that gives you more flexibility in how you receive distributions from the Annuity Fund (page 5).

Additional articles cover MRP stand-alone enrollment (page 7), the Retiree-Only MRP (page 13), your vacation benefits (page 12), and your rights under the Women's Health and Cancer Rights Act (page 12). Also, if you recognize anyone on our "Do You Know Any of These Individuals?" list (page 11), please tell them to contact the Fund Office.

On behalf of the Trustees and the entire staff of the IATSE National Benefit Funds, I wish you and your family a healthy and peaceful holiday season and a happy New Year.

Best wishes,

Anne J. Zeisler

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Health & Welfare Plan CAPP Rates to Increase for Plans C-1, C-2 and C-3 Starting April 2027—and Reminder About Open Enrollment

The IATSE National Health & Welfare Fund Board of Trustees recently reviewed the Fund's benefits costs and looked at projections for the six-month period beginning April 1, 2027, as compared to the current CAPP account charges. With the continued increases in costs for medical, hospital and prescription drugs, the Board has determined that CAPP account charges for Plans C-1, C-2 and C-3, for both individual and family coverage, will increase by $95 per month ($285 per quarter) effective April 1, 2027. The CAPP charges for Plan C-4 and Triple-S will remain unchanged.

As a reminder, the amount in your CAPP account available for the April 1st coverage quarter will include any employer contributions received by the Fund Office during November and December 2026 and January 2027, as well as any unused funds 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, 2027. Your enrollment form and any required copayment must be received by the Fund Office by December 15, 2026, for the January 1 to March 31, 2027 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 2027. 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, such as co-payments, through 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 online at **www.iatsenbf.org**, by email at **psc@iatsenbf.org** or by calling the Fund Office 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, 2027 through September 30, 2027 are as follows:

Plan C CAPP Account Charges

	QUARTERLY COSTS TO YOU	
	Current CAPP Charge Effective 10-01-26 to 03-31-27	CAPP Charge to be Effective 04-01-27 to 09-30-27
PLAN C-1 Coverage		
Individual	$5,964	$6,249
Family	$12,639	$12,924
PLAN C-2 Coverage		
Individual	$3,219	$3,504
Family	$5,130	$5,415
PLAN C-3 Coverage		
Individual	$2,406	$2,691
Family	$3,534	$3,819
PLAN C-4 Coverage		
Individual	$1,392	$1,392
Family	$2,256	$2,256
Triple-S Coverage		
Individual	$963	$963
Family	$1,956	$1,956





Important Information about Enrolling in Medicare

As a reminder, individuals approaching age 65 generally are required to enroll in Medicare Part B (medical) coverage during their "initial enrollment period" in order to avoid paying a monthly late enrollment penalty (and delayed enrollment in Medicare) *unless they qualify for a later* ***special*** *enrollment period* (e.g., due to having health coverage through employment). The "initial enrollment period" starts 3 months before the individual's 65th birthday and ends 3 months after the month in which they attain age 65. Note that most people qualify for premium-free Medicare Part A (hospitalization) coverage at age 65, or earlier if they begin receiving Social Security benefits earlier. However, if the individual is required to pay a premium for Medicare Part A, then late enrollment penalties apply to Medicare Part A as well.

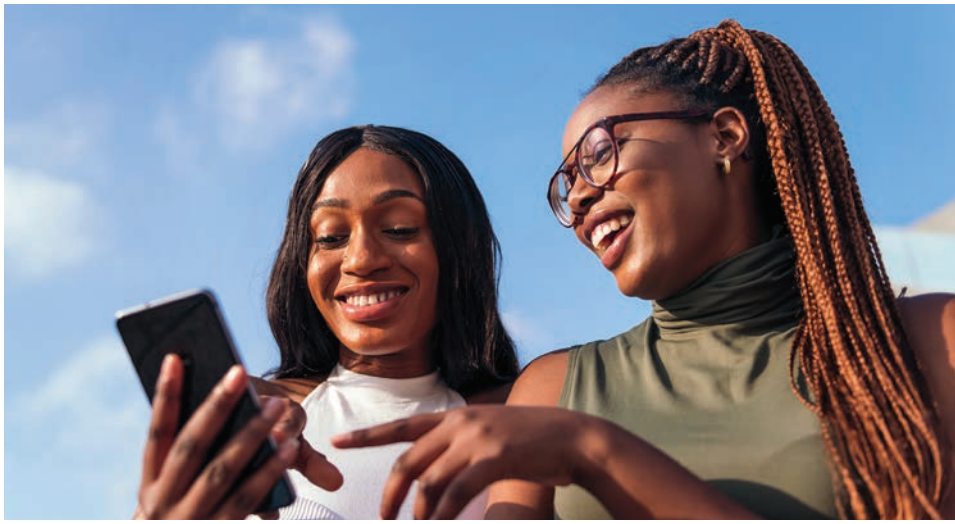
To be eligible to enroll in Medicare Part B *later* during a **special** enrollment period based on coverage through employment, an individual must have had group health plan coverage through their (or their spouse's) employment since the first month the individual was eligible for Medicare Part B. This special enrollment period lasts for 8 months. Different rules apply to Medicare Parts C and D.

When you apply for Medicare Part B, you will have to include information about your Plan coverage in the **Request for Enrollment in Medicare Part B** (CMS-40B) that you submit to the Social Security Administration (SSA), so that SSA knows when your coverage through employment ended. If you had active Plan coverage after age 65, you also will be required to submit a **Medicare Request for Employment Information Form** (CMS-L564) along with your Application.

Plan participants can ask the Fund Office to complete section B of the **Medicare Request for Employment Information Form** (CMS-L564) *(instead of having your employer(s) complete it, since employers are less familiar with the Plan's coverage*). If applicable, the Fund Office will indicate in the Form that you had (or still have) Plan coverage (beyond the last date you worked for a contributing employer) based on days worked (for Plan A) or your CAPP account (for Plan C) and any required premium payments for active coverage. SSA has generally considered this extended coverage to be coverage through an "Hours Bank Arrangement" based on employment. The Fund also will provide you with an explanatory cover letter to provide to SSA. This information will help show eligibility to enroll in Medicare during a special enrollment period due to having post-65 coverage through employment. Note that COBRA coverage through the Fund does not entitle you to delay enrollment in Medicare without penalty.

We encourage you to visit your local Social Security Office for information regarding Medicare enrollment periods, potential penalties, and other details and advice specific to your situation. You also can obtain information at www.medicare.gov. In addition, you can contact the Entertainment Community Fund's Artists Health Insurance Resource Center at **ahirc@entertainmentcommunity.org** for further guidance.





MRP and R-MRP – Submit Claims for Dependent Children Who Turn Age 26

If you participate in Plan C's Medical Reimbursement Program (MRP) or the Retiree-Only Medical Reimbursement Program (R-MRP), and your dependent child loses eligibility due to reaching age 26, you may submit claims for your child's eligible medical expenses at any time within the customary 12-month claims deadline (12 months from the date of service), even if your child is no longer enrolled in MRP or R-MRP when you submit the claim. The following conditions must be met:

- Your child was enrolled in MRP or R-MRP, as applicable, on the date of service.
- You are still enrolled in MRP or R-MRP, as applicable, when you submit the claim.
- For MRP participants only: your child is enrolled in employer- or union-sponsored group health coverage that provides minimum value under the Affordable Care Act. (This condition does not apply to R-MRP claims.)

This rule went into effect in August 2026.

Previously, a dependent child had to be enrolled in coverage both on the date of service and on the date the claim was submitted. As a result, if your child lost eligibility less than 12 months after incurring an expense, you may have had less than the full 12 months to file the claim. This plan change ensures you have the full 12-month period to submit your child's eligible expenses if the above conditions are met.

As a reminder, dependent children lose eligibility for Plan C and R-MRP at the end of the calendar year in which they turn age 26.

For more information about the Health & Welfare Plan rules, review the Plan C or R-MRP Summary Plan Description (as applicable) or the MRP/R-MRP Guidebook, available on the Fund's website **www.iatsenbf.org** or by request from the Participant Services Center by email, **PSC@iatsenbf.org**, or phone, (800) 456-FUND.





I.A.T.S.E. Annuity Fund – New Installment Payment Option Available

As of July 1, 2026, if you are eligible for a distribution from the Annuity Fund, you can elect to have the distribution paid to you in installment payments. You may elect installments that are fixed by dollar amount or number of payments, and can elect to have them paid every month, calendar quarter, twice per year, or yearly. In order to be eligible to elect this option, your account balance must be at least $7,000 and the option must result in a gross payment to you of at least $1,000 per year. Your surviving spouse or other beneficiary entitled to a death benefit on your behalf can also elect this installment option, and in that case, the account balance must also be at least $7,000 and the option must also result in a gross payment of at least $1,000 per year. *If you (or your spouse or beneficiary) wish to elect an installment option, you must elect the installment option for your entire account balance. In addition, any future contributions received in your Annuity Fund account will be distributed in accordance with the installment option.*

Here is more information on the installment option:

Fixed amount installment option: Under this option, you (or your surviving spouse, or beneficiary, as applicable) choose to distribute the total account balance, the amount of each periodic payment you wish to receive, and how often you want to receive it (every month, calendar quarter, twice per year, or yearly). That amount will be paid to you until your account balance is exhausted. For example, you could elect to have your entire account balance paid in quarterly payments of $300, which will be paid to you until your account balance is zero.

Fixed number of payments installment option: Under this option, you (or your surviving spouse, or beneficiary, as applicable) choose to distribute the total account balance, the number of payments you wish to receive, and how often you want to receive them (every month, calendar quarter, twice per year, or yearly). That amount will be paid to you until your account balance is exhausted. For example, you could elect to receive your entire account balance in 60 monthly payments. In that case, each month, your account balance would be divided by the number of payments remaining. The first month you would receive 1/60th of your account balance, the next month you would receive 1/59th of your account balance, etc.

Once elected, the installment option cannot be revoked. That is, you cannot receive payment sooner than elected or delay payments due under the option you elected. In addition, if you have reached your required beginning date (age 70½, 72 or 73, depending on your birth date), Federal law requires the Plan to distribute a certain portion of your benefits to you, known as minimum required distributions, annually. You may be required to take additional distributions if you have reached your required beginning date and your elected installment option does not satisfy the minimum required distribution rules. Similarly, your surviving spouse or beneficiary may be required to take additional distributions if their elected installment option does not satisfy the minimum required distribution rules.

For more information about the Annuity Fund rules, including minimum required distribution rules and when you are eligible for a distribution, please review the Summary Plan Description, available on the Fund's website, **www.iatsenbf.org**, or by request from the Fund Office: Tel: (212) 580-9092 (800) 456-FUND (outside New York State) and Email: **Annuity@iatsenbf.org**.





Support When You Need It: Your Member Assistance Program

The Member Assistance Program (MAP) provided to Health & Welfare Fund participants through Anthem is here to help you and your household through difficult times. These resources are private, confidential and available 24/7 at no extra cost.

Mental Health Counseling

Whether you're looking for a mental health care provider or aren't sure where to start, **Headway** can help you find the right fit. As part of your benefits, you have access to a wide range of Headway therapists in your health plan's network. Access Headway by going to **anthemeap.com/iatse-national**. Select **Find a Counselor** and select the **Headway** title to get started.

Get **three free** in-person or virtual counseling sessions per person in your household, per issue, each year. (After that, visits are covered under the applicable Plan rules.)

24/7 Crisis Support

Get in-the-moment support when you're experiencing a personal crisis, as well as help navigating resources and support when you're affected by a tragedy or natural disaster.

Legal and Financial Resources

Get help with legal and financial matters:

- **Legal:** Book a no-cost consultation, receive a discounted rate from participating local attorneys for continued legal services, and explore an online library of legal resources, forms and essential documents.
- **Financial:** Have unlimited phone consults with a financial professional and access online financial calculators and budgeting tools.

Work-Life Resources

Find information on career, parenting, and balancing work and family, plus:

- Help finding high-quality child, elder and pet care
- Special discounts on products and services, including food, travel and clothing

Other Benefits

- **Identity theft support:** Register for help with identity theft monitoring and theft resolution.
- **Self-improvement resources:** Log in to take self-assessments, access the Guidance to Care tool, and get a list of MAP resources specific to your needs.

Get the help you need, 24/7

- Visit **www.anthemEAP.com** and log in with code IATSENational
- Call **800-999-7222** for help with questions.





Plan C-Medical Reimbursement Program (MRP) Stand-Alone Option: *What You Need to Know*

As the 2027 Open Enrollment period approaches, it's important to understand the requirements for enrolling in the Plan C-Medical Reimbursement Program (MRP) as a stand-alone option. Open Enrollment ends December 15, 2026, and the following rules apply:

- If you want to participate in Plan C-MRP as a stand-alone option for 2027, 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 2027.
- 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 Explanations of Benefits (EOBs) from your employer- or union-sponsored group health plan.

Documents You'll Need to Submit

To enroll in Plan C-MRP as a stand-alone option for 2027, send the required documents to the Fund Office during the 2027 Open Enrollment period. They must be received during the open enrollment period and by December 15, 2026, even if you have sent the information in previously.

To participate in Plan C-MRP as a stand-alone option for 2027, you must do both of the following:

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 2027. 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 sponsored by a union or employer.

AND

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

Don't have your identification card yet? If you don't have it by the December 15th enrollment deadline, you can provide the Fund with 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, 2027. Then send a copy of your identification card as soon as you receive it. If you have any questions, please contact the Fund's Participant Services Center by email, **PSC@iatsenbf.org**, or phone, **800-456-3863**.

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





Enroll Now to Save Money on Specialty Medications

Sign up to save with a $0 copay

If you're taking a prescribed specialty medicine to manage your health condition, you know that these treatments can come at a high cost.

That's why it is important for you to know that you can enroll in the **Cost Relief Program** provided by Anthem through CarelonRx, the Health & Welfare Fund's pharmacy benefit manager. Once you enroll, you'll pay $0 for eligible specialty medications filled through the plan's specialty pharmacy network. Anthem will help connect you with drug manufacturers that offer copay assistance—and guide you every step of the way.

What Is the Cost Relief Program?

The Cost Relief Program offers select specialty medicines at no cost to you. To be eligible, your prescription must be filled through the exclusive specialty pharmacy in your plan's pharmacy network. Once you complete your enrollment, you'll pay $0 for eligible specialty medicines.

How Does Cost Relief Work?

Getting started is easier than you might think. Here's what to expect:

Step 1: Getting in contact

- If you're prescribed an eligible specialty medication, a Cost Relief representative may contact you by mail, phone or email.
- If a representative isn't able to reach you, your pharmacist will let you know about Cost Relief at your next refill and can connect you by phone with a representative to get started.

Step 2: Enrollment support

A Cost Relief representative will:

- Explain the program, answer your questions and gather the information needed for enrollment.
- Once you're enrolled, work with you and the drug manufacturers to help get you signed up for available drug manufacturer copay assistance.
- Guide you through the process if, in some cases, you need to take a step or two to complete it.
- Stay in touch to help with renewals and make sure you continue receiving the savings you may qualify for.

Anthem is here to help—you don't have to navigate phone calls or the paperwork alone.

Step 3: You see the savings

- You'll pay $0 for eligible specialty medicines when you're enrolled in the Cost Relief Program.
- Even if the drug manufacturer doesn't offer copay assistance, your cost will still be $0 out-of-pocket.

This means more predictability and fewer financial surprises.





Please note: Any amount paid by manufacturer copay assistance will not accumulate toward your deductible and out-of-pocket maximums under the plan. This may be different from how your specialty prescription drug claims were handled before this program became effective for your plan.

Step 4: Getting your medication

To qualify, your medication must be filled through CarelonRx's exclusive specialty pharmacy network. To see in-network specialty pharmacies:

- Visit **anthem.com** and click Pharmacy Information, or
- **Call the Pharmacy Member Services number** on your ID card.

Important Details to Understand

Cost Relief participation is not required. However, if you choose not to complete your enrollment in Cost Relief, you may have to pay **up to 45% of the cost of your medicines** if they are included in the Cost Relief program, even if you have already met your deductible or out-of-pocket maximum from other claims.

Questions and Support

Cost Relief can help lower what you pay for certain specialty medicines.

Be sure to:

- **Complete your enrollment** soon to take advantage of $0 copay on certain specialty medicines.
- If you have questions about your benefits, **call Anthem** using the number on your member ID card.
- For more information about Cost Relief, review the below frequently asked questions about how the program works and what it could mean for you.

Frequently Asked Questions

What is Cost Relief? A program that offers select specialty medicines at no cost to you. Your prescription must be filled through the exclusive specialty pharmacy in the plan's network.

How does the program work? After you enroll, Cost Relief works with you and drug manufacturers to sign you up for available copay assistance, which is then applied toward your share of the cost for future prescription fills. Even if a manufacturer doesn't offer copay assistance, your cost will be $0 out-of-pocket.

Do I have to use the Cost Relief program? No, participation is not required. If you choose not to complete your enrollment in Cost Relief, you may have to pay up to 45% of the cost of the medicines if they are included in the Cost Relief program, even if you have already met your deductible or out-of-pocket limit with other claims.

Is there a deadline to sign up? No, you can enroll at any time. However, only eligible prescriptions filled after you sign up will have a $0 out-of-pocket cost.

Do I have to re-enroll each year that I am a participant in the Fund? No, if you remain continuously enrolled in the plan, you will remain enrolled in the Cost Relief Program as long as that program remains in effect for the plan. If you re-enroll in the Health Fund after a gap in coverage you will need to re-enroll in the Cost Relief Program. Re-enrollment requirements in copay assistance vary by manufacturers, but Cost Relief representatives will be there to support you in the process.







NEW! No-Cost Health Care at the Samuel J. Friedman Health Center for the Performing Arts in NYC

Starting November 1, 2026, the IATSE National Health and Welfare Fund covers in-network health care services at the Samuel J. Friedman Health Center for the Performing Arts in NYC at no cost to participants and their eligible family members.

The Friedman Center's goal is to offer a healthcare experience that focuses on treating you as a whole person and to actively work with you to keep you healthy instead of merely treating you when you're sick.

Fund participants who live in, work in, or are visiting the New York City area will be able to receive in-network primary and specialty health care at the Friedman Health Center at no cost—there are no copays, coinsurance, or deductibles to meet.

The Friedman Health Center is located in Times Square and offers many services with same- or next-day appointments for primary care, urgent care, podiatry, sports medicine, gynecology, specialty referrals, and more. It has extended weekday and weekend hours to accommodate entertainment industry schedules.

The Friedman Health Center is part of the Mount Sinai network, which is in Anthem's network and has been available to Fund participants as an in-network facility. Now, the care you receive at the Friedman Health Center will be at no cost to you.

The Friedman Health Center was honored at the 2024 Tony Awards for Excellence in Theatre, recognizing its commitment to the wellness of the entertainment community.

The Fund's website **www.iatsenbf.org** has more information on the Friedman Center.





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**.

Amparo Bailey
David Bank
Peggy Mcloughlin
Rudy Cresto
Sonia Gil
Aureo Perez
Victoria Blades
Michael Baez
Sara Patterson
Rosa Cabrera
Florence Schriner
John Hart Jr.
Nellie Robinson
Mary Fennell-Cole
Roger Mattson
Terrence O'Connor
Fanya Shifman
Karen Swanson
Alofa Tauvaga
Robert McKinney
Indra Kaushal
Joan Atkinson
Peter Shushkewitch
Doris Buberl
Graysley Cintron
Pamela Duncan
Mamie Harrell
Peter Kerchinsky
Marilyn Marlow
Quinn Marshall
William McCray
Beverly Noble
John Payne
Gregorio Santos
Concetta Sedita
Deborah Speechly
John Stewart
Molly Sweitzer
John Walker
Cora Williams
Lydia Abad
Larry Caldwell
Herbert Santiago
Annie Poirier
Fernando Bossa-Cintron
Alan Butcher
Gismaris Cintron
Sharron Dechert
Angelina Fredella
James Hollums
Susan Houghton
James Jackson
Brian Kay
Jerry Kobin
Nicholas Manolakis
Roberta Peterson
Margaret Roedig
Larry Roesch
Rodney Schultz

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 protect 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 February 16, 2026 to add the following provision regarding substance use disorder treatment records: Substance use disorder treatment records received from federally assisted programs, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided under law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Stay on Top of Your Vacation Benefits

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

Here are three easy steps to take:

1. **Verify your eligibility.** Go to **www.iatsenbf.org** and check your personal dashboard. Your work history records will show 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 isn't reflected in the Fund's records, contact the Participant Services Center as soon as possible by email (**PSC@iatsenbf.org**) or by phone (800-456-FUND).
2. **Keep your contact information current.** You can update your information on our website or by 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 form, you must return it to the Fund by mail to IATSE National Benefit Funds, 417 Fifth Avenue, 3rd Floor, New York, NY 10016-2204, or by fax to 646-783-7650. Contact the Participant Services Center if you need help.
   - All direct deposit forms must be received by the Fund Office by **March 1ST** to apply it to that calendar year's distribution, which generally occurs in the spring.

A few minutes now can help make sure you receive everything you've earned.

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

Are you enrolled in Medicare Parts A & B, either because of your age or because you qualify for Social Security Disability? If so, you can enroll in the **Retiree-Only Medical Reimbursement Program (R-MRP) Plan**, which is designed to help with your out-of-pocket health care costs. Here's an overview of what you need to know about the R-MRP Plan and how it works:

Eligibility: 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 $1,392, through September 30, 2027.** 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.

Enrollment: 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 eligible dependents (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; birth certificates for dependent children you wish to enroll). After 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. If you are newly enrolled in Medicare and have not yet received your Medicare ID card, you can submit other evidence of enrollment in both Parts A & B, such as a letter from Medicare confirming your enrollment.

What happens next? After you're 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, as 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, *except that there is a special rule for dependent children who lose eligibility due to reaching age 26, as described below*. All necessary documentation must accompany your submission along with a completed and signed claim form.

New Rule for Reimbursement of Dependent Child's Expenses:

As described above, the general rule for reimbursement of a dependent child's expenses is that the child 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. However, in accordance with a new rule as of August 1, 2026, if your dependent child loses eligibility due to reaching age 26, you may submit claims for the child's eligible medical expenses at any time within the customary 12-month claims deadline (12 months from the date of service), even if your child is no longer enrolled in R-MRP when you submit the claim. (As a reminder, eligibility is lost at the end of the calendar year in which the child attains age 26.) See the article on page 4 for more information about this rule and its requirements, which applies to both R-MRP and MRP.

Keep in mind: 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'd rather stay in Plan C-1, C-2, C-3 or C-4 instead of participating in the R-MRP Plan, you must complete your quarterly enrollment statement and submit it to the Fund Office along with 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). Finally, 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.

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

Note: The 2025 Annual Funding Notice for the I.A.T.S.E. National Pension Fund (mailed in April 2026) replaces the Summary Annual Report disclosure requirement for this Fund. Please contact the Fund Office if you need a copy of the 2025 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 period January 1, 2025 through December 31, 2025. 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 I.A.T.S.E. National Health & Welfare Fund has committed itself to pay certain claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with Anthem Blue Cross (G1921), 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, organ & tissue transplant claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2025 were $6,759,194.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was $1,019,981,942 as of December 31, 2025, compared to $962,402,456 as of January 1, 2025. During the plan year the plan experienced an increase in its net assets of $57,579,486. 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 $458,871,881, including employer contributions of $336,081,701, employee contributions of $20,246,886, earnings from investments of $101,929,852, and other income of $613,442.

Plan expenses were $401,292,395. These expenses included $16,461,720 in administrative expenses, and $384,830,675 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;
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 Board of Trustees 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 $14.75 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 period January 1, 2025, through December 31, 2025. 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 $6,066,485 as of December 31, 2025, compared to $5,513,290 as of January 1, 2025. During the plan year the plan experienced an increase in its net assets of $553,195. 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 $6,006,344, including employer contributions of $5,877,277, and earnings from investments of $129,067.

Plan expenses were $5,453,149. These expenses included $284,767 in administrative expenses, and $5,168,382 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;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees 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 I.A.T.S.E. Annuity Fund, EIN 13-3088691, Plan No. 001, for period January 1, 2025 through December 31, 2025. 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 $99,817,418. These expenses included $7,247,108 in administrative expenses, and $92,570,310 in benefits paid to participants and beneficiaries. A total of 101,521 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 $1,606,919,305 as of December 31, 2025, compared to $1,425,097,999 as of January 1, 2025. During the plan year the plan experienced an increase in its net assets of $181,821,306. 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 $281,638,724, including employer contributions of $92,440,540, employee contributions of $10,122,150, earnings from investments of $178,317,933, and rollover income of $758,101.

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);
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 Board of Trustees 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 plan (Board of Trustees I.A.T.S.E. Annuity Fund, 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 Robert W. Johnson Hank Lachmund Jay Barnett Sam C. Shulman David Brodsky Greg Hessinger
Vacation Fund	James B. Wood Michael F. Miller, Jr.	Christopher Brockmeyer David Brodsky
EXECUTIVE DIRECTOR Anne J. Zeisler		

IATSE NATIONAL BENEFIT FUNDS

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
Anthem

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 2027 Holiday Schedule

New Year's Day	January 1	Labor Day	September 6
Martin Luther King Jr. Day	January 18	Columbus Day	October 11
		Veterans Day	November 11
Presidents' Day	February 15	Thanksgiving	November 25
Good Friday	March 26	Day after Thanksgiving	November 26
Memorial Day	May 31		
Juneteenth	June 18 (observed)	Christmas	December 24 (observed)
Independence Day	July 5th (observed)		