Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

		pursuant to	ENISA Section 103(a)(z)	•			Inspection
For calendar plan year 20	18 or fiscal plan	n year beginning 01/01/2018		and er	nding 12/31/201	8	
A Name of plan WESTERN CONFERENCE	CE OF TEAMS	TERS PENSION PLAN			e-digit number (PN)	•	001
C Plan sponsor's name a WESTERN CONFERENCE		e 2a of Form 5500 TERS PENSION TRUST FUND	BOARD OF TRUSTEE	Number ((EIN)		
		rning Insurance Contrac Individual contracts grouped a					
Coverage Information:	ate ochequie A	maividuai contracto grouped e		r carr be re	ported on a single	Ochcaal	о A.
(a) Name of insurance ca		ANY OF AMERICA					
# N = 10.1	(c) NAIC	(d) Contract or	(e) Approximate nu		Po	olicy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	1	(g) To
22-1211670	68241	GA-8216	30978	}	01/01/2018		12/31/2018
2 Insurance fee and com- descending order of the		ation. Enter the total fees and to	tal commissions paid. Li	st in line 3	the agents, broke	rs, and o	ther persons in
(a) Total a	amount of comi	missions paid		(b) To	otal amount of fee	s paid	
		0					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).			
	(a) Name a	and address of the agent, broker	, or other person to whor	m commiss	sions or fees were	paid	
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid			-
commissions pa	id	(c) Amount	-		(e) Organization code		
	(a) Name a	and address of the agent, broker	, or other person to whor	m commiss	sions or fees were	paid	
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid			
(b) Amount of sales and base commissions paid		(c) Amount		(d) Purpose			(e) Organization code
							<u> </u>

Schedule A (Form 5500) 2018	Page 2 – 1					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (e)							
		From and other constitutions and	(-)				
			Organization				
commissions paid	(C) Amount	(a) Purpose	code				
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid					
	T						
(b) Amount of sales and base							
	(c) Amount	(d) Purpose					
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid					
, ,	<u> </u>						
		Fees and other commissions paid	(e)				
	(c) Amount	(d) Purpose					
(a) Na	The standard of the stand business						
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid					
		Fees and other commissions paid	(e)				
			Organization				
commissions paid	(0)	(a) supers	code				
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid					
	T		1				
(h) Amount of sales and hase		Fees and other commissions paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code				
			Organization				

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	ts with each carrier m	ay be treated as a ι	ınit for purposes of	
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	88816451
		ent value of plan's interest under this contract in separate accounts at year e				1643216705
-		tracts With Allocated Funds:			1	
	а	State the basis of premium rates ▶N/A				
	b	Premiums paid to carrier				
	C .	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.		•	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ic	heck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts ma				
•				on guarantee		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☒ other ▶		on guarantee		
	b	Balance at the end of the previous year			7b	94517769
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	. 7c(3)		6853170	
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)		855260	
		► EXPERIENCE ADJUSTMENT				
		(6)Total additions			7c(6)	7708430
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	102226199
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)		40400740	
		(3) Transferred to separate account	. 7e(3)		13409748	
		(4) Other (specify below)	. 7e(4)			
		>				
		(-) -			70(5)	12400740

Balance at the end of the current year (subtract line 7e(5) from line 7d)

88816451

P	art	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individ	group	o of e	ses if s	such co	ntracts ar	е ехр	erience-i	rated as a	a unit. '	Where c	ontrac	ts cover		
8	Ben	efit a	nd contract type (check all applicable boxes)												·		
	а	_	ealth (other than dental or vision)	b	7 D∈	ental			С	Vision				d□	Life ins	surance	
	e	=	emporary disability (accident and sickness)	f	=		rm disab	ility	g		emental u	nemnlo	wment	h∏		iption drug	~
		_		: ⊨		-		ility				nempic	yment	ᅩ片			
	1	_	op loss (large deductible)	ı 🗆	HIV	MO cor	ntract		K _	PPO c	ontract			' 📙	inaemi	nity contra	iCt
	m	0	ther (specify)														
_																	
9	•		ce-rated contracts:					0.4	4)								
	а		iums: (1) Amount received														
			ncrease (decrease) in amount due but unpaid						-								
		` '	ncrease (decrease) in unearned premium res										92/4)				
	b	. ,	Earned ((1) + (2) - (3))efit charges (1) Claims paid										9a(4)				
			ncrease (decrease) in claim reserves														
			ncurred claims (add (1) and (2))										9b(3)				
			Claims charged										9b(4)				
	С	` '	nainder of premium: (1) Retention charges (o														
			(A) Commissions					9c(1)	(A)								
			(B) Administrative service or other fees														
			(C) Other specific acquisition costs					0 (4)									
			(D) Other expenses					9c(1)	(D)								
			(E) Taxes														
			(F) Charges for risks or other contingencies					9c(1)	(F)								
			(G) Other retention charges					9c(1)	(G)								
			(H) Total retention				_		_				9c(1)(H	l)			
			Dividends or retroactive rate refunds. (These									—	9c(2)				
	d	Stat	tus of policyholder reserves at end of year: (1) Amo	ount	held to	to provid	e benefit	s after	retireme	ent		9d(1)				
		(2)	Claim reserves										9d(2)				
		` '	Other reserves										9d(3)				
40			dends or retroactive rate refunds due. (Do no	ot incl	lude	amou	ınt enter	ed in line	9c(2)	.)			9e				
10	_		erience-rated contracts:	!	_								100				
	a		al premiums or subscription charges paid to c										10a				
	b Spe	rete	e carrier, service, or other organization incurn ntion of the contract or policy, other than repo nature of costs.										10b				
P	art	V	Provision of Information														
11	Dic	the	insurance company fail to provide any inform	ation	nec	essary	y to com	plete Sch	<u>ned</u> ule	A?		Υ	es	X N	lo		
12	l If t	he ar	nswer to line 11 is "Yes," specify the information	on no	ot pro	ovided	d. >							_			

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		paroualit to	= 1 11 3 1 2 2 2 1 1 1 2 2 (4)(=)				inspection				
For calendar plan year 20	18 or fiscal pla	an year beginning 01/01/2018		and er	nding 12/31/2018	3					
A Name of plan WESTERN CONFERENCE	CE OF TEAMS	STERS PENSION PLAN			e-digit number (PN)	•	001				
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		D Emplo	oyer Identification N	lumber (I	EIN)				
		STERS PENSION TRUST FUND	D BOARD OF TRUSTEE		6145047						
		rning Insurance Contra A. Individual contracts grouped									
1 Coverage Information:											
(a) Name of insurance ca		RANCE COMPANY									
	(c) NAIC	(d) Contract or	(e) Approximate nu		Pol	licy or co	ntract year				
(b) EIN	code	identification number	persons covered at policy or contract		(f) From		(g) To				
52-0419790	66281	NDA00001SC			01/01/2018		12/31/2018				
2 Insurance fee and com- descending order of the		nation. Enter the total fees and t	otal commissions paid. Li	st in line 3	the agents, brokers	s, and ot	her persons in				
(a) Total amount of commissions paid (b) Total amount of fees paid											
		0					0				
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all p	persons).							
	(a) Name	and address of the agent, broke	er, or other person to whom	n commiss	sions or fees were p	oaid					
(b) Amount of sales ar	nd base	F	ees and other commission	s paid							
commissions pa	id	(c) Amount		d) Purpos	e		(e) Organization code				
	(a) Name	and address of the agent, broke	er, or other person to whon	n commiss	sions or fees were p	paid					
		•									
(b) Amount of sales ar	nd base	F	ees and other commission	s paid							
commissions paid (c) Amount			(d) Purpose				(e) Organization code				
		the state of the s									

Schedule A (Form 5500) 2018	Page 2 – 1					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (e)							
		From and other constitutions and	(-)				
			Organization				
commissions paid	(C) Amount	(a) Purpose	code				
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid					
	T						
(b) Amount of sales and base							
	(c) Amount	(d) Purpose					
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid					
, ,	<u> </u>						
		Fees and other commissions paid	(e)				
	(c) Amount	(d) Purpose					
(a) Na	The standard of the stand business						
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid					
		Fees and other commissions paid	(e)				
			Organization				
commissions paid	(0)	(a) supers	code				
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid					
	T		1				
(h) Amount of sales and hase		Fees and other commissions paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code				
			Organization				

	Part	Investment and Annuity Contract Information				
•	art	Where individual contracts are provided, the entire group of such indiv	idual contracts	with each carrier may	be treated a	as a unit for purposes of
_		this report.				
		rent value of plan's interest under this contract in the general account at year			4	0.404.0007.04
		rent value of plan's interest under this contract in separate accounts at year e	nd		5	2431898761
О		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in co				
	_	retention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, che	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts ma				
•	a		ate participation			
	u			n gaarantoo		
		(3) guaranteed investment (4) other				
	L	Delegan at the end of the new forces			7h	
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7 - (0)			
		(2) Dividends and credits	- (0)			
		(4) Transferred from separate account	- (4)			
		(5) Other (specify below)	7c(5)			
		(b) Cirior (specify 500W)	15(5)			
		(C)Tatal additions			70(6)	
	Ч	(6)Total additions			7c(6) 7d	
		Deductions:			74	
	Ů	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
)				
		(E) Total deductions			7o(5)	
	f	(5) Total deductions			7e(5)	
	•	Daiano at the end of the current year (Subtract line 1e(3) Horn line 1d)			1 1 1	

P	art	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individ	group	o of e	ses if s	such co	ntracts ar	е ехр	erience-i	rated as a	a unit. '	Where c	ontrac	ts cover		
8	Ben	efit a	nd contract type (check all applicable boxes)												·		
	а	_	ealth (other than dental or vision)	b	7 D∈	ental			С	Vision				d□	Life ins	surance	
	e	=	emporary disability (accident and sickness)	f	=		rm disab	ility	g		emental u	nemnlo	wment	h∏		iption drug	~
		_		: ⊨		-		ility				nempic	yment	ᅩ片			
	1	_	op loss (large deductible)	ı 🗆	HIV	MO cor	ntract		K _	PPO c	ontract			' 📙	ınaemi	nity contra	iCt
	m	0	ther (specify)														
_																	
9	•		ce-rated contracts:					0.4	4)								
	а		iums: (1) Amount received														
			ncrease (decrease) in amount due but unpaid						-								
		` '	ncrease (decrease) in unearned premium res										92/4)				
	b	. ,	Earned ((1) + (2) - (3))efit charges (1) Claims paid										9a(4)				
			ncrease (decrease) in claim reserves														
			ncurred claims (add (1) and (2))										9b(3)				
			Claims charged										9b(4)				
	С	` '	nainder of premium: (1) Retention charges (o														
			(A) Commissions					9c(1)	(A)								
			(B) Administrative service or other fees														
			(C) Other specific acquisition costs					0 (4)									
			(D) Other expenses					9c(1)	(D)								
			(E) Taxes														
			(F) Charges for risks or other contingencies					9c(1)	(F)								
			(G) Other retention charges					9c(1)	(G)								
			(H) Total retention				_		_				9c(1)(H	l)			
			Dividends or retroactive rate refunds. (These									—	9c(2)				
	d	Stat	tus of policyholder reserves at end of year: (1) Amo	ount	held to	to provid	e benefit	s after	retireme	ent		9d(1)				
		(2)	Claim reserves										9d(2)				
		` '	Other reserves										9d(3)				
40			dends or retroactive rate refunds due. (Do no	ot incl	lude	amou	ınt enter	ed in line	9c(2)	.)			9e				
10	_		erience-rated contracts:	!	_								100				
	a		al premiums or subscription charges paid to c										10a				
	b Spe	rete	e carrier, service, or other organization incurn ntion of the contract or policy, other than repo nature of costs.										10b				
P	art	V	Provision of Information														
11	Dic	the	insurance company fail to provide any inform	ation	nec	essary	y to com	plete Sch	<u>ned</u> ule	A?		Υ	es	X N	lo		
12	l If t	he ar	nswer to line 11 is "Yes," specify the information	on no	ot pro	ovided	d. >							_			

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		pursuant to	EINIOA Section 105(a)(z)	•			Inspection				
For calendar plan year 20	18 or fiscal plar	n year beginning 01/01/2018		and en	iding 12/31/201	18					
A Name of plan WESTERN CONFERENCE	CE OF TEAMS	TERS PENSION PLAN			e-digit number (PN)	•	001				
C Plan sponsor's name a WESTERN CONFERENCE		e 2a of Form 5500 FERS PENSION TRUST FUND	BOARD OF TRUSTEE		oyer Identification 6145047	Number	(EIN)				
		ning Insurance Contrac . Individual contracts grouped a									
1 Coverage Information:											
(a) Name of insurance ca		ANY OF AMERICA									
41 \ FIN	(c) NAIC	(d) Contract or	(e) Approximate nu		Р	olicy or c	ontract year				
(b) EIN (c) (d) Collination (d) Collination (e)			persons covered a policy or contract		(f) Fron	n	(g) To				
22-1211670 68241 GA-8217			594897		01/01/2018		12/31/2018				
2 Insurance fee and com- descending order of the		ation. Enter the total fees and to	tal commissions paid. Li	st in line 3	the agents, broke	ers, and o	ther persons in				
(a) Total amount of commissions paid (b) Total amount of fees paid											
		0					0				
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).							
	(a) Name a	nd address of the agent, broker	, or other person to whor	m commiss	ions or fees were	paid					
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid							
commissions pa	id	(c) Amount	(d) Purpose				(e) Organization code				
	(a) Name a	nd address of the agent, broker	, or other person to whor	m commiss	ions or fees were	paid					
(h) Amount of sales ar	nd base	Fe	es and other commission								
(b) Amount of sales and base commissions paid (c)		(c) Amount		(d) Purpos	e	(e) Organization code					
							<u> </u>				

Schedule A (Form 5500) 2018	Page 2 – 1					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (e)							
		From and other constitutions and	(-)				
			Organization				
commissions paid	(C) Amount	(a) Purpose	code				
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid					
	T						
(b) Amount of sales and base							
	(c) Amount	(d) Purpose					
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid					
, ,	<u> </u>						
		Fees and other commissions paid	(e)				
	(c) Amount	(d) Purpose					
(a) Na	The standard of the stand business						
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid					
		Fees and other commissions paid	(e)				
			Organization				
commissions paid	(0)	(a) supers	code				
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid					
	T		1				
(h) Amount of sales and hase		Fees and other commissions paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code				
			Organization				

F	Part			unit for numerous of	
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each of	carrier may be treated as a t	anit for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year en			7552300060
6		tracts With Allocated Funds:		<u> </u>	
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here)	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	unts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) 🗓 other ▶	FLEXIBLE FUNDING FA	CILITY	
		(+) 🔲 🖁			
	h	Delenge at the end of the provious year		7b	
	b	Balance at the end of the previous year		70	
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(3)		
		(3) Interest credited during the year	7c(4)		
			7c(5)		
		(5) Other (specify below)	. 70(3)		
		(6)Total additions		7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
)			
		(F) T (7 ₀ /5)	
	£	(5) Total deductions		7e(5)	
	Ī	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

P	art	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individ	group	o of e	ses if s	such co	ntracts ar	е ехр	erience-i	rated as a	a unit. '	Where c	ontrac	ts cover		
8	Ben	efit a	nd contract type (check all applicable boxes)												·		
	а	_	ealth (other than dental or vision)	b	T D∈	ental			С	Vision				d□	Life ins	surance	
	e	=	emporary disability (accident and sickness)	f	=		rm disab	ility	g		emental u	nemnlo	wment	h∏		iption drug	~
		_		: ⊨		-		ility				nempic	yment	ᅩ片			
	1	_	op loss (large deductible)	ı 🗆	HIV	MO cor	ntract		K _	PPO c	ontract			' 📙	ınaemi	nity contra	iCt
	m	0	ther (specify)														
_																	
9	•		ce-rated contracts:					0.4	4)								
	а		iums: (1) Amount received														
			ncrease (decrease) in amount due but unpaid						-								
		` '	ncrease (decrease) in unearned premium res										92/4)				
	b	. ,	Earned ((1) + (2) - (3))efit charges (1) Claims paid										9a(4)				
			ncrease (decrease) in claim reserves														
			ncurred claims (add (1) and (2))										9b(3)				
			Claims charged										9b(4)				
	С	` '	nainder of premium: (1) Retention charges (o														
			(A) Commissions					9c(1)	(A)								
			(B) Administrative service or other fees														
			(C) Other specific acquisition costs					0 (4)									
			(D) Other expenses					9c(1)	(D)								
			(E) Taxes														
			(F) Charges for risks or other contingencies					9c(1)	(F)								
			(G) Other retention charges					9c(1)	(G)								
			(H) Total retention				_		_				9c(1)(H	l)			
			Dividends or retroactive rate refunds. (These									—	9c(2)				
	d	Stat	tus of policyholder reserves at end of year: (1) Amo	ount	held to	to provid	e benefit	s after	retireme	ent		9d(1)				
		(2)	Claim reserves										9d(2)				
		` '	Other reserves										9d(3)				
40			dends or retroactive rate refunds due. (Do no	ot incl	lude	amou	ınt enter	ed in line	9c(2)	.)			9e				
10	_		erience-rated contracts:	!	_								100				
	a		al premiums or subscription charges paid to c										10a				
	b Spe	rete	e carrier, service, or other organization incurn ntion of the contract or policy, other than repo nature of costs.										10b				
P	art	V	Provision of Information														
11	Dic	the	insurance company fail to provide any inform	ation	nec	essary	y to com	plete Sch	<u>ned</u> ule	A?		Υ	es	X N	lo		
12	l If t	he ar	nswer to line 11 is "Yes," specify the information	on no	ot pro	ovided	d. >							_			

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2018

This Form is Open to Public

		pursuant to	ERISA section 103(a)(2)				Inspection	
For calendar plan year 20	18 or fiscal plar	n year beginning 01/01/2018		and en	ding 12/3	31/2018		
A Name of plan WESTERN CONFERENCE			e-digit number (Pl	001				
				·	,	,		
C Plan sponsor's name a WESTERN CONFERENCE		e 2a of Form 5500 FERS PENSION TRUST FUND	BOARD OF TRUSTEE		yer Identific 6145047	cation Number	· (EIN)	
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:								
(a) Name of insurance ca		COMPANY						
(b) FINI	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of			Policy or o	contract year	
(b) EIN	code	identification number	policy or contrac		(f)	From	(g) To	
13-1423090	69744	GA02147		,	01/01/201	8	12/31/2018	
2 Insurance fee and com- descending order of the		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents,	brokers, and	other persons in	
	amount of com	missions paid		(b) To	otal amount	of fees paid		
	0 0							
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).								
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
(b) Amount of sales and base			es and other commissions paid					
commissions paid		(c) Amount		(d) Purpose			(e) Organization code	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
(b) Amount of sales and base		Fees and other commissi		ons paid				
commissions pa		(c) Amount	(d) Purpose		(e) Organization code			
Fan Barramanala Bardan da	A -4 NI -4'	the heatment fee Feer	EE00			0-1-	adula A (Farm FEOO) 2019	

Schedule A (Form 5500) 2018	Page 2 – 1			
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
			(5)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
, ,					
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
·					
(a) Na					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(0)	(4) - 3-1-2-3	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T				
	•				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
		·	Organization		

Г	Part	Investment and Annuity Contract Information				
r	ait	Where individual contracts are provided, the entire group of such indivi	idual contracts w	ith each carrier may b	e treate	d as a unit for purposes of
		this report.				
		ent value of plan's interest under this contract in the general account at year			4	
5	Curi	ent value of plan's interest under this contract in separate accounts at year e	nd		5	55482135
6	Con	tracts With Allocated Funds:				
	а	State the basis of premium rates				
				_		
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year		-	6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs		_		
	е	Type of contract: (1) individual policies (2) group deferred	d annuitv			
		(3) Other (specify)	,			
		(3) United (specify)				
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participation o	juarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶				
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
)				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
					7-/5\	
	,	(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	

Pa	art	Ш	Welfare Benefit Contract Informa	ation				
			If more than one contract covers the same					
			the information may be combined for report employees, the entire group of such individ					
_		· ·		Jai Contracts with ea	acii caillei illay be	treated as a utilition p	uiposes oi i	illis report.
Ö	Ben	_	nd contract type (check all applicable boxes)	. 🗖	_	7		- 🗖
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d Life insurance
	е	Te	mporary disability (accident and sickness)	f Long-term di	sability g	Supplemental unem	ployment	h Prescription drug
	i [St	op loss (large deductible)	j HMO contrac	ct k	PPO contract		Indemnity contract
	m	_ _ _ 01	her (specify)	- Ш	_	_		ш -
	[(cpccii)					
9 1	=xn/	eriena	ce-rated contracts:					
			iums: (1) Amount received		9a(1)			
	_		ncrease (decrease) in amount due but unpaid					
			ncrease (decrease) in unearned premium res					
			arned ((1) + (2) - (3))				9a(4)	
	b	. ,	efit charges (1) Claims paid					
		(2) lı	ncrease (decrease) in claim reserves					
		(3) lı	ncurred claims (add (1) and (2))				9b(3)	
		(4) C	Claims charged				9b(4)	
	С	Ren	nainder of premium: (1) Retention charges (c	n an accrual basis)				
			(A) Commissions		9c(1)(A)			
			(B) Administrative service or other fees					
			(C) Other specific acquisition costs					
			(D) Other expenses					
			(E) Taxes		9c(1)(E)			
			(F) Charges for risks or other contingencies		9c(1)(F)			
			(G) Other retention charges				0 (4)(1)	
			(H) Total retention)
			Dividends or retroactive rate refunds. (These					
	d	Stat	us of policyholder reserves at end of year: (1) Amount held to pro	ovide benefits after	retirement		
		` '	Claim reserves				9d(2)	
		` '	Other reserves				•	
40	<u>e</u>		dends or retroactive rate refunds due. (Do n	ot include amount er	ntered in line 9c(2)	.)	9e	
10	_		erience-rated contracts:				40-	
	a		al premiums or subscription charges paid to c				10a	
	b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or							
	retention of the contract or policy, other than reported in Part I, line 2 above, report amount							
	•	•						
Pa	art	IV	Provision of Information					
<u>1</u> 1	Dic	d the	insurance company fail to provide any inform	ation necessary to	complete Schedule	A?	Yes	X No
			nswer to line 11 is "Yes," specify the informat			_		
			, ,	•				