

# About Your Personal Benefit Statement

Your *Personal Benefit Statement* is mailed to you in June if you worked at least 250 covered hours in the previous calendar year and have a valid mailing address on file. The statement shows the employer contributions paid in the previous calendar year based on your collective bargaining agreement.

Take the time to check your Plan coverage on your statement and compare how your employer's contributions add up each year. Keep your statement with past copies in a safe place.

Contact your Administrative Office if you have questions regarding the hours shown on your statement.

## Personal Benefit Statement Sample

This sample statement can help you understand your Plan coverage. It assumes that this participant has a basic contribution rate of **\$12.18** for the calendar year **2020**.

**Note:** *The exact contribution rates for your covered employment are shown in your collective bargaining agreement.*

### Vesting Status

Your *Personal Benefit Statement* shows your vesting status. If you are not vested, this box shows your number of vesting years as of the previous December. If you qualify for Special Vesting, your vesting status may indicate that you must first gain Active Participation before becoming vested.

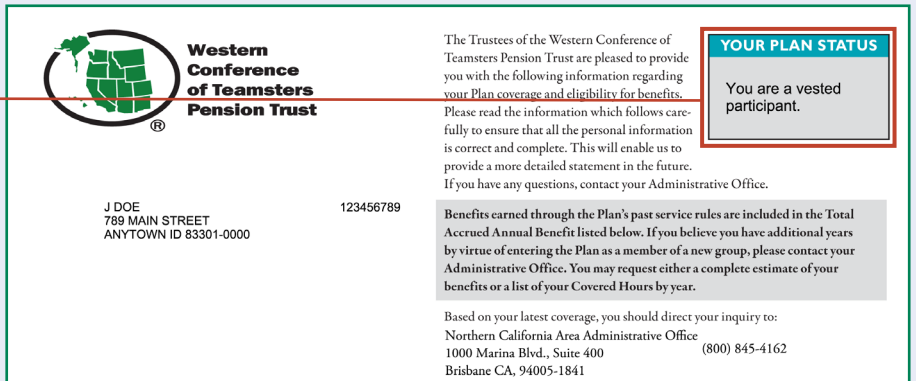
### Plan Coverage

You can see that this participant's basic contribution rate in the previous August was **\$12.18** by dividing the monthly contribution shown (**\$2,777.89**) by his covered hours worked that month (**228.1 hours**).

**Note:** *The exact contribution rates for your covered employment are shown in your collective bargaining agreement.*

### PEER Coverage

On your statement, months with PEER coverage are marked with this "P" symbol (which stands for PEER or the Program for Enhanced Early Retirement Benefits). Just because you worked under a PEER contract in some years does not mean you will qualify for PEER benefits when you retire.



The Trustees of the Western Conference of Teamsters Pension Trust are pleased to provide you with the following information regarding your Plan coverage and eligibility for benefits. Please read the information which follows carefully to ensure that all the personal information is correct and complete. This will enable us to provide a more detailed statement in the future. If you have any questions, contact your Administrative Office.

**YOUR PLAN STATUS**  
You are a vested participant.

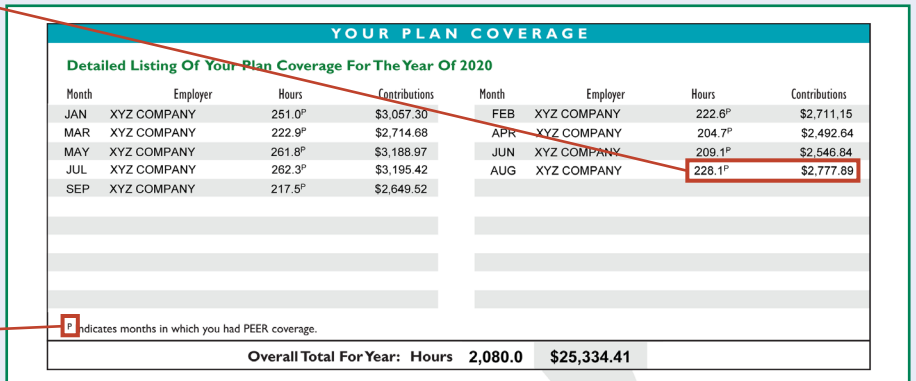
**Western Conference of Teamsters Pension Trust**

J DOE  
789 MAIN STREET  
ANYTOWN ID 83301-0000

123456789

Benefits earned through the Plan's past service rules are included in the Total Accrued Annual Benefit listed below. If you believe you have additional years by virtue of entering the Plan as a member of a new group, please contact your Administrative Office. You may request either a complete estimate of your benefits or a list of your Covered Hours by year.

Based on your latest coverage, you should direct your inquiry to:  
Northern California Area Administrative Office  
1000 Marina Blvd., Suite 400 (800) 845-4162  
Brisbane CA, 94005-1841



**YOUR PLAN COVERAGE**

Detailed Listing Of Your Plan Coverage For The Year Of 2020

Month	Employer	Hours	Contributions	Month	Employer	Hours	Contributions
JAN	XYZ COMPANY	251.0 <sup>P</sup>	\$3,057.30	FEB	XYZ COMPANY	222.6 <sup>P</sup>	\$2,711.15
MAR	XYZ COMPANY	222.9 <sup>P</sup>	\$2,714.68	APR	XYZ COMPANY	204.7 <sup>P</sup>	\$2,492.64
MAY	XYZ COMPANY	261.8 <sup>P</sup>	\$3,188.97	JUN	XYZ COMPANY	209.1 <sup>P</sup>	\$2,546.84
JUL	XYZ COMPANY	262.3 <sup>P</sup>	\$3,195.42	AUG	XYZ COMPANY	228.1 <sup>P</sup>	\$2,777.89
SEP	XYZ COMPANY	217.5 <sup>P</sup>	\$2,649.52				

<sup>P</sup> indicates months in which you had PEER coverage.

**Overall Total For Year: Hours 2,080.0 \$25,334.41**



**Be sure your Administrative Office has your current mailing address so you will receive your *Personal Benefit Statement*. You can also print a copy of your *Personal Benefit Statement* from our Plan Member website when you register to access your account information.**

# About Your Personal Benefit Statement (Continued)

**YOUR PLAN BENEFITS**

**Annual Benefit Earned During 2020**  
Your collectively bargained contributions paid in 2020 of **\$25,334.41** increased your annual benefit by: **\$3,648.12**

**Total Accrued Annual Benefit**  
As of December 31, 2020, you have earned a total annual benefit, payable at age 65, in the amount of: **\$50,879.40**

## Plan Benefits

Your statement shows how much your annual benefit increased due to covered hours in the previous calendar year.

## Total Accrued Annual Benefit

This is the annual benefit you earned based on the total covered hours you worked under the Plan. Note that the amount shown in the example is an annual benefit payable at normal retirement age (usually age 65). Benefits paid under the Plan are paid monthly.

## Participant ID

You may refer to your own confidential Participant ID when calling or writing about benefits (rather than providing your Social Security number).

## Update Your Plan Record

If you discover personal information on your statement that is incorrect or missing, it's your responsibility to notify the Plan by sending back this tear-off card as soon as possible.

## Plan Beneficiary

If you need to change the beneficiary designation shown, you cannot make the change by crossing the name off the card. In order to make a valid change, you must use the Plan's official *Beneficiary Designation Form* and the completed form must be received by your Administrative Office prior to your death. An official *Beneficiary Designation Form* and postage-paid return envelope are enclosed with your statement.

**IMPORTANT INFORMATION REGARDING YOUR PLAN RECORD**

3 **123456789** J DOE INDICATE CORRECTIONS IN THE SPACE BELOW

The Trust shows the following information in your record (shown in gray boxes). If any information is incorrect or missing, please print the corrected information in the space provided. A postage paid return envelope and a beneficiary card have been enclosed for your convenience.

**Address:** 789 MAIN STREET  
ANYTOWN ID 03304-0000

**Email Address:**

**Phone Number:**

**Date of Birth:** 4/26/60

**Gender:** MALE

**Spouse Date of Birth:** 11/23/64

**Union Initiation Date:** 1/2/80

**Hire Date 1st Employer:** 1/2/80

**Plan Beneficiary:** MARY DOE

135 Elm Street  
95041

To name or change your beneficiary, use the enclosed Beneficiary Designation Card.



**Your Personal Benefit Statement only shows the hours for which pension contributions were paid. Your collective bargaining agreement may not require your employer to contribute on overtime hours. Or it may have a monthly or yearly maximum on the number of hours that require pension contributions.**