



# About Your Personal Benefit Statement (Continued)

**YOUR PLAN BENEFITS**

**Annual Benefit Earned During 2021**  
Your collectively bargained contributions paid in 2021 of **\$25,334.41** increased your annual benefit by: **\$4,864.20**

**Total Accrued Annual Benefit**  
As of December 31, 2021, 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**

4 **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, WA 99901-0000~~ **135 Elm Street 95041**

**Email Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Date of Birth:** 03/07/67  
**Gender:** MALE  
**Spouse Date of Birth:** \_\_\_\_\_  
**Union Initiation Date:** 03/02/88  
**Hire Date 1st Employer:** 03/02/88

**Plan Beneficiary:** ~~MARY DOE~~ **MARY DOE** 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.**