



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 address on file. *Personal Benefit Statements* for the three most recent years can also be viewed on the Trust's website www.wctpension.org upon registration. The statement shows the employer contributions paid in the previous calendar year based on your collective bargaining agreement.

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 **\$9.92** for the calendar year 2025.

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

Western Conference of Teamsters Pension Trust

J DOE
789 MAIN STREET
ANYTOWN, WA 83301-0000

123456789

YOUR PLAN STATUS
You are a vested participant.

YOUR PLAN COVERAGE
Detailed Listing Of Your Plan Coverage For The Year Of 2025

Month	Employer	Hours	Contributions	Month	Employer	Hours	Contributions
JAN	ABC COMPANY	200.0 ^P	\$1,984.00	FEB	ABC COMPANY	160.0 ^P	\$1,587.20
MAR	ABC COMPANY	160.0 ^P	\$1,587.20	APR	ABC COMPANY	200.0 ^P	\$1,984.00
MAY	ABC COMPANY	160.0 ^P	\$1,587.20	JUN	ABC COMPANY	160.0 ^P	\$1,587.20
JUL	ABC COMPANY	200.0 ^P	\$1,984.00	AUG	ABC COMPANY	160.0 ^P	\$1,587.20
SEP	ABC COMPANY	160.0 ^P	\$1,587.20	OCT	ABC COMPANY	200.0 ^P	\$1,984.00
NOV	ABC COMPANY	160.0 ^P	\$1,587.20	DEC	ABC COMPANY	160.0 ^P	\$1,984.00

^P Indicates months in which you had PEER coverage.

Overall Total For Year: Hours 2080.0 \$20,633.60

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 December was **\$12.40** by dividing the monthly contribution shown (\$1,984.00) by his covered hours worked that month (160.0 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.



Be sure your Administrative Office has your current mailing address so you will receive your *Personal Benefit Statement*.



About Your Personal Benefit Statement (Continued)

YOUR PLAN BENEFITS

Annual Benefit Earned During 2025
 Your collectively bargained contributions paid in 2025 of \$20,633.61 increased your annual benefit by: **\$3,961.68**

Total Accrued Annual Benefit
 As of December 31, 2025, you have earned a total annual benefit, payable at age 65, in the amount of: **\$67,459.92**

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.

IMPORTANT INFORMATION REGARDING YOUR PLAN RECORD

4 123456789 J DOE
 Address: 789 MAIN STREET ANYTOWN, WA 83301-0000

INDICATE CORRECTIONS IN THE SPACE BELOW

100 Elm Street
 95041

Email Address:
Phone Number:
Date of Birth: 06/22/67
Gender: MALE
Spouse Date of Birth: 10/14/65
Union Initiation Date: 07/02/88
Hire Date 1st Employer: 07/02/88

Plan Beneficiary: MARY DOE

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

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.



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 certain paid time off. Or it may have a monthly or yearly maximum on the number of hours that require pension contributions.